

NEW HAVEN COUNTY BAR ASSOCIATION

P.O. Box 1441, New Haven, CT 06506-1441
Tel. (203) 562-9652 Fax (203) 624-8695 www.newhavenbar.org
e-mail: lrs@newhavenbar.org

2017-2018 LAWYER REFERRAL SERVICE Certification & Agreement Form

Attorney Name: _____ Individual CT Juris Number: _____
Firm: _____ E-mail: _____
Address: _____
Telephone Number: _____ Fax Number: _____

LRS FEE STRUCTURE:

<u>NON-MEMBER RATE</u>		<u>NHCBA MEMBER RATE</u>	
I am <u>not</u> a member of NHCBA.		I am a member of the NHCBA.	
\$285.00	Basic Participation Fee (Includes SIX Standard Panels (areas of law))	\$95.00	Basic Participation Fee (Includes SIX Standard Panels (areas of law))
+ _____	\$15.00 for each ADDITIONAL main panel (Standard Listing)	+ _____	\$15.00 for each ADDITIONAL main panel (Standard Listing)
\$ _____	TOTAL amount enclosed for 2016-2017 LRS Participation	\$ _____	TOTAL amount enclosed for 2016-2017 LRS Participation
There is an additional fee structure and application process for each of the following LRS Experience Panels: Bankruptcy; Environmental; Estate Planning, Probate & Elder Law; Medical/Dental Malpractice; Personal Injury; Professional Malpractice; Social Security; and Worker's Compensation.		You may download copies of this form and each individual Experience Panel Application form from our website, at: www.newhavenbar.org	

Please complete the following:

Date admitted to CT Bar: (mm/dd/yy) _____

Law School: _____ Date Graduated (mm/yy): _____

- Are you admitted to practice in other states? YES NO If YES, which state(s): _____
- Please indicate if you or a member of your staff are conversant in any of the following foreign languages: Spanish Italian French
 German Korean Russian Chinese Japanese Other: _____
- Do you practice in Federal court? YES NO

I hereby certify that I carry the required malpractice insurance, and am competent to handle and willing to accept cases in those categories that I have marked. I understand that clients referred through LRS generally are charged a \$35.00 referral fee, and that I will provide a free one-half hour consultation to discuss their legal problem. Fee arrangements beyond that first half-hour are a matter of personal arrangement between the client and me, based upon my normal fees. I agree that if I accept a fee-paying client referred through LRS, I will pay LRS 15% of the gross fee over \$200.00 upon receipt of the fee and I agree not to increase my normal fees or to otherwise pass along the percentage remittance to the LRS referred client. Finally, I understand that LRS reserves the right to audit a participating attorney's records and to take legal action against the participating attorney for failure to comply with the terms of this agreement, including failure to pay remittance fees due to LRS. In the event legal action is taken, LRS shall be entitled to reimbursement for reasonable attorneys' fees and costs.

Attorney Signature: _____ Date: _____

(OVER)

Please indicate the types of referrals that you would like to receive by placing an "X" next to up to SIX (6) Standard Panels (the major categories below), which are included in the LRS fee structure.

If only the major category is selected, the LRS office will assume you handle all the case types in that category and will refer you cases in all the related sub-categories. If you wish to be selective, please check each sub-category applicable.

Additional Standard Panels, beyond the first six, are \$15.00 each. See the Experience Panel sign up form for additional case types.

LRS STANDARD PANELS

- | | | |
|---|---|--|
| <input type="checkbox"/> BUSINESS
___ Business Formation
___ Business Litigation
___ Contracts (create/review)
___ Franchise/Licensing
___ International
___ Non-profit incorporation
___ UCC | <input type="checkbox"/> EMPLOYMENT/LABOR
___ Americans with Disabilities Act
___ Commission on Human Rights & Opportunities
___ ERISA/ pensions/ employer insurance plans
___ Other employee benefits
___ Sexual Harassment
___ Termination
___ Unemployment compensation
___ Union Matters | <input type="checkbox"/> LANDLORD/TENANT
___ Landlord
___ Tenant
___ Subsidized Housing |
| <input type="checkbox"/> CIVIL RIGHTS | <input type="checkbox"/> ENTERTAINMENT/SPORTS
___ Contracts (create/review) | <input type="checkbox"/> MILITARY
___ Veterans Benefits |
| <input type="checkbox"/> COLLECTIONS
___ Creditors
___ Debtors | <input type="checkbox"/> FAMILY/JUVENILE
___ Adoption (United States)
___ Adoption (International)
___ Child Abuse/Neglect
___ DCF
___ Divorce
___ Grandparents Rights
___ Juvenile Court
___ Paternity
___ Prenuptial/other agreements
___ Same-Sex Civil Union
___ Support/Custody/Visitation | <input type="checkbox"/> REAL PROPERTY
___ Boundary Disputes
___ Buy/Sell/Refinance
___ Commercial
___ Condo/Co-op
___ Construction disputes
___ Foreclosure
___ Lead paint
___ Post Closing Issues
___ Tax Appeals
___ Zoning Issues |
| <input type="checkbox"/> CONSUMER LAW
___ Automobile Fraud/
Sales/Repairs
___ Consumer Finance
___ Identity Theft
___ Unfair & Deceptive Practices
___ Unfair Lending Practices | <input type="checkbox"/> IMMIGRATION | <input type="checkbox"/> SECURITIES LAW
___ Securities litigation (plaintiff) |
| <input type="checkbox"/> CRIMINAL
___ Appeals
___ DUI
___ Felony
___ Misdemeanor
___ Tax Federal
___ Tax State
___ Traffic/Speeding | <input type="checkbox"/> INSURANCE
___ Homeowners
___ Life
___ Medical (individual plans) | <input type="checkbox"/> TAXATION
___ Federal
___ State |
| <input type="checkbox"/> EDUCATION
___ Civil Rights - school
___ Expulsion/Suspensions
___ Special Needs | <input type="checkbox"/> INTELLECTUAL PROPERTY
___ Copyright
___ Internet Law
___ Patent
___ Trademark | <input type="checkbox"/> TITLE XIX & MEDICAID |
| | | <input type="checkbox"/> TORTS (non P.I.)
___ Defendant
___ HIPAA
___ Plaintiff |



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LAWYER REFERRAL SERVICE

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E-MAIL LRS@newhavenbar.org

ATTORNEY APPLICATION AND AGREEMENT

Name: _____ E-mail: _____

Firm: _____ Phone: _____

Address: _____

AGREEMENT:

I am an attorney in good standing in the State of Connecticut.

I agree to provide clients referred to me through the Lawyer Referral Service with a one-half hour consultation at no charge. Any fee arrangements for services beyond this initial one-half hour consultation will be by agreement of attorney and client.

I understand and agree that of the fees I receive as a result of a matter referred to me through the Lawyer Referral Service, a percentage of the fee earned will be remitted to LRS, according to the individual panel agreement. I agree not to increase my normal fees or otherwise pass along the percentage remittance to the LRS-referred client.

I will comply with the periodic reporting requirements established by the LRS Committee necessary to determine the status of an LRS-generated case. I understand that the LRS will conduct client follow-up surveys on all referred matters.

I certify that I am presently covered by professional liability insurance in the minimum amount of \$1,000,000 (per claim). Attached hereto is a certificate of insurance addressed to the New Haven County Bar Association. I have authorized my insurance carrier to verify my coverage upon request of the New Haven County Bar Association.

Name of Insurance Carrier: _____

Policy #: _____ Amount: _____ Expiration: _____

I agree to abide by all rules and regulations of the Lawyer Referral Service, including those stated in the LRS Operating Principals and Procedures.

Signature: _____ Date: _____

Membership dues in the New Haven County Bar Association and the Lawyer Referral Service are not tax deductible as charitable contributions for federal tax purposes, but may be deductible as a business expense.



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LAW FIRM ACKNOWLEDGMENT

This will acknowledge that the law firm is aware of the undersigned attorney's participation in the New Haven County Bar Association's Lawyer Referral Service (LRS). The law firm agrees to abide by the LRS Operating Procedures and will comply with all LRS requirements, including the remittal of all percentage fees.

Firm Name:

_____ *Please print*

Managing Partner:

_____ *Please print*

_____ *Signature*

_____ *Date*

LRS Panel Member:

_____ *Please print*

_____ *Signature*

_____ *Date*

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SERVICE**



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Bar Association

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**2017-2018
LRS EXPERIENCE PANELS**

Experience Panel referrals comprise approximately one-third of all LRS referrals. Expand your LRS membership to include one or more of these panels!

In addition to the many Standard Panel case type listings, LRS offers members the opportunity to participate in nine LRS "Experience Panels". If your practice includes work in any of the areas listed below, LRS strongly urges you to consider membership on that panel.

Please note that participation in an Experience Panel requires submission of an additional application and panel fee. To learn more about any of the Experience Panels, place an (X) in the box beside the panel listing and fax or mail this form back to the LRS office. You will then receive the application materials. Payment of panel fees should be made when the completed application is returned to the LRS office. Experience Panel applications may also be downloaded from the Bar's website, at www.newhavenbar.org.

***LRS now offers a money-back guarantee for Experience Panels.
If you do not receive at least one referral in the Experience Panel(s) for which you registered within one year of joining that panel,
LRS will refund 100% of your panel fee.***

If you have questions regarding the Experience Panels or any other aspect of the LRS program, please feel free to contact the LRS office. Your interest in the Lawyer Referral Service is greatly appreciated.

Panel	Application Requested	Listing Fee
Bankruptcy	<input type="checkbox"/>	\$ 50.00
Environmental	<input type="checkbox"/>	\$ 0.00
Estate Planning, Probate & Elder Law	<input type="checkbox"/>	\$ 100.00
Medical/Dental Malpractice	<input type="checkbox"/>	\$ 50.00
Personal Injury	<input type="checkbox"/>	\$100.00
Professional Malpractice	<input type="checkbox"/>	\$ 50.00
Social Security	<input type="checkbox"/>	\$ 50.00
Workers' Compensation	<input type="checkbox"/>	\$ 50.00

Attorney: _____
Firm: _____
Telephone: _____ E-mail: _____

Please print information above and return completed form to the LRS office. Thank you.