

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

2019-2020 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 2018-2019 LRS Participation	\$ _____	TOTAL amount enclosed for 2018-2019 LRS Participation
There is an additional fee structure and application process for each of the following LRS Experience Panels: Family, Probate, Medical/Dental Malpractice, Personal Injury, Social Security and Worker's Compensation.		You may download copies of this form on 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: _____

LRS PANELS

Name: _____ # Panels: _____ Extra Fees: \$ _____

LRS attorneys should have at least two years of experience and to regularly practice (or remain updated through study) in each area of law that they request referrals in. This is a key part of our promise to the potential clients we refer.

Where percentages or years are noted, only attorneys with that case volume and years of experience in the **MAIN PANEL** may apply for the panel or subcategory indicated. Six panels (full or partial) are included in your LRS Membership; additional panels are \$15 each. Where noted, certain high-value panels require an additional fee.

<input type="checkbox"/> BANKRUPTCY		<input type="checkbox"/> EMPLOYMENT / LABOR	20% / 3yr
<input type="checkbox"/> Personal		<input type="checkbox"/> Wrongful Termination	
<input type="checkbox"/> Business	20% / 3yr	<input type="checkbox"/> Unemployment Compensation	
<input type="checkbox"/> Chapter 11	20% / 3yr	<input type="checkbox"/> Discrimination (ADA/EEOC/CHRO)	
<input type="checkbox"/> BUSINESS AND CONTRACTS		<input type="checkbox"/> Harassment & Retaliation	
<input type="checkbox"/> Entity Formation		<input type="checkbox"/> Wage & Benefits - Employee	
<input type="checkbox"/> Entity Dissolution		<input type="checkbox"/> Wage & Benefits - Employer	
<input type="checkbox"/> Contract Drafting/Review		<input type="checkbox"/> Union Matters	
<input type="checkbox"/> Licensure & Compliance		<input type="checkbox"/> IMMIGRATION	20% / 3yr
<input type="checkbox"/> Franchise/License/Royalty		<input type="checkbox"/> INCOME TAX	20% / 4yr
<input type="checkbox"/> Non-Profit		<input type="checkbox"/> Tax Advice	
<input type="checkbox"/> International	20% / 4yr	<input type="checkbox"/> Collections	
<input type="checkbox"/> CONSUMER LAW		<input type="checkbox"/> Appeals	
<input type="checkbox"/> Consumer Debt Defense		<input type="checkbox"/> INTELLECTUAL PROPERTY	
<input type="checkbox"/> Home Contractor Disputes		<input type="checkbox"/> Copyright & Trademark	
<input type="checkbox"/> Unfair/Deceptive Trade Practices		<input type="checkbox"/> Patent	Patent Bar
<input type="checkbox"/> Automobile Fraud/Sales/Repairs		<input type="checkbox"/> Internet Law	
<input type="checkbox"/> Consumer Finance		<input type="checkbox"/> LANDLORD / TENANT	
<input type="checkbox"/> Insurance Issues		<input type="checkbox"/> Landlord	
<input type="checkbox"/> Identity Theft/Credit Bureau		<input type="checkbox"/> Tenant	
<input type="checkbox"/> CIVIL LITIGATION		<input type="checkbox"/> Public Housing / Section 8	
<input type="checkbox"/> Collection - Plaintiff		<input type="checkbox"/> REAL PROPERTY	
<input type="checkbox"/> Commercial Collections - Defendant		<input type="checkbox"/> Purchases / Sales / Mortgage	
<input type="checkbox"/> Contract Disputes		<input type="checkbox"/> Commercial P&S/Leasing	3yr
<input type="checkbox"/> Construction Law	20% / 3yr	<input type="checkbox"/> Foreclosure - Plaintiff	
<input type="checkbox"/> Torts - Plaintiff (Non-PI)		<input type="checkbox"/> Foreclosure - Defendant	
<input type="checkbox"/> Torts - Defendant (Non-PI)		<input type="checkbox"/> Condo/Co-op/CIOA	
<input type="checkbox"/> Appeals		<input type="checkbox"/> Assessment Appeals	
<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> Land Use, Zoning, Boundaries	
<input type="checkbox"/> Traffic/Moving		<input type="checkbox"/> Title & Post-Closing Issues	
<input type="checkbox"/> DUI / OUI		<input type="checkbox"/> FAMILY LAW	\$100 20%
<input type="checkbox"/> Misdemeanor		<input type="checkbox"/> Divorce	
<input type="checkbox"/> Felony	20% / 3yr	<input type="checkbox"/> Collaborative Divorce / Mediation	
<input type="checkbox"/> Appeals	30% / 4yr	<input type="checkbox"/> Custody / Rights to Child / Support	
<input type="checkbox"/> Juvenile Court		<input type="checkbox"/> Abuse / Neglect / DCF Case	
<input type="checkbox"/> Tax	10% / 4yr	<input type="checkbox"/> <i>Children's Probate Court</i>	
<input type="checkbox"/> EDUCATION LAW		<input type="checkbox"/> Adoption - Domestic	
<input type="checkbox"/> IDEA/Special Needs Accommodations		<input type="checkbox"/> Adoption - International	3yr
<input type="checkbox"/> Suspension/Expulsion		<input type="checkbox"/> MEDICAL/DENTAL MALPRACTICE	\$100 20% / 4yr
<input type="checkbox"/> ELDER & DISABILITY LAW	30% / 3yr	<input type="checkbox"/> PERSONAL INJURY	\$150 30% / 3yr
<input type="checkbox"/> T19/Medicaid Apps & Spend-down		<input type="checkbox"/> PROBATE	\$100
<input type="checkbox"/> Veteran's Benefits	VA Accredited	<input type="checkbox"/> Decedent's Estates	
<input type="checkbox"/> Elder Care Planning		<input type="checkbox"/> Fiduciary Representation	
<input type="checkbox"/> Disability & Special Needs Planning		<input type="checkbox"/> Petitions to Conserve/Guard/Commit	
<input type="checkbox"/> Nursing Home Rights/Disputes		<input type="checkbox"/> Appeals from Probate	
<input type="checkbox"/> Patient's Rights/Hospitals		<input type="checkbox"/> SOCIAL SECURITY DISABILITY	\$100 10% / 3yr
<input type="checkbox"/> Fair Hearings		<input type="checkbox"/> WORKER'S COMPENSATION	\$100 10% / 3yr
<input type="checkbox"/> ESTATE & TAX PLANNING		<input type="checkbox"/> Private / State	
<input type="checkbox"/> Wills / POA / Advance Directives		<input type="checkbox"/> Federal / Railroad (FECA / FELA)	
<input type="checkbox"/> Trusts	30% / 3yr		
<input type="checkbox"/> Tax Planning - Gift/Estate/GST	30% / 3yr		
<input type="checkbox"/> Family Business/Dynastic Planning	30% / 3yr		
<input type="checkbox"/> Charitable Planning			

	<p style="text-align: center;">NEW HAVEN COUNTY BAR ASSOCIATION</p> <p style="text-align: center;">LAWYER REFERRAL SERVICE</p> <p style="text-align: center;">P.O. BOX 1441, NEW HAVEN, CT 06506-1441 OFFICE (203) 562-9652 LRS REFERRALS (203) 562-5750 FAX (203) 624-8695 E-MAIL LRS@newhavenbar.org</p>
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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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LAWYER REFERRAL SERVICE

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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*