



NEW YORK STATE BAR ASSOCIATION

NYSBA 2009 ATTORNEY REGISTRATION FORM LAWYER REFERRAL AND INFORMATION SERVICE

One Elk Street, Albany, NY 12207 (518) 463-3200 (800) 342-3661 lr@nysba.org



Name _____ Date of NY Admission _____ NYSBA ID# _____

Firm Name _____ County* _____

Address _____

City, State, Zip _____

Phone _____ FAX _____ E-mail address _____

May we provide clients with your e-mail address? Yes _____ No _____ Is your office handicapped accessible? Yes _____ No _____

Do you have evening hours? Yes _____ No _____ Will you make home visits? Yes _____ No _____

Are you a trial attorney? Yes _____ No _____ Foreign Languages Spoken: _____

Are you admitted to practice in any other state? Yes, as follows: _____ No _____

NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. Please attach a copy of the policy's declaration page to this application.

Areas of Practice, Level I: Please choose no more than TEN areas of practice (boxed areas count as one category)

- Adoption
- Agricultural/Farm Law
- Animal Law

- Bankruptcy
 - ___ Chapter 7
 - ___ Chapter 11
 - ___ Chapter 13

- Civil Rights
- Collections
- Consumer Protection

- Contracts
 - ___ Business Agreements
 - ___ Home/Builder

- Corporation Law
- Criminal Law

- Document Preparation
 - ___ Health Care Proxy
 - ___ Power of Attorney
 - ___ Name Change
 - ___ Living Wills

- Environmental
- Family Court Law
- Guardianship/Conservatorship
- Immigration & Naturalization
- Insurance

- Labor Relations
 - ___ Civil Service
 - ___ Employment Contracts
 - ___ Employment Discrimination

- Landlord/Tenant
- Legal Malpractice
- Matrimonial/Divorce
- Municipal

- **Negligence & Tort-Plaintiff
 - ___ Negligence & Tort-Defendant

- Partnership
- Patents, Trademarks & Copyright
- Personal Property

- Real Estate
 - ___ Closings
 - ___ Condemnation
 - ___ Foreclosure
 - ___ Land Contract
 - ___ Tax Assessments
 - ___ Zoning and Land Use

- Retirement /Pension
- Small Business
- Small Business Development Center Clients

- **Social Security
 - ___ **SSD
 - ___ **SSI

- Taxation
- Wills
- **Unemployment
- Vehicle & Traffic Law
- **Veterans & Military Law
- **Workers' Compensation

I am currently listed on:

- **Medical Malpractice
- Major Criminal
- **Major Personal Injury

List any other areas of practice you would like to add in which you have experience.

*Participating attorneys must have an office in one of the following counties: Allegany, Cattaraugus, Cayuga, Chautauqua, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Niagara, Oneida, Ontario, Orleans, Oswego, Otsego, St. Lawrence, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Wyoming, Yates.

**I will give a free consultation for matters referred in these areas of practice.



NEW YORK STATE BAR ASSOCIATION

NYSBA 2009 ATTORNEY REGISTRATION FORM LAWYER REFERRAL AND INFORMATION SERVICE

One Elk Street, Albany, NY 12207 (518) 463-3200 (800) 342-3661 lr@nysba.org



Areas of Practice, Level II:

- Custody: In the past two years, I have devoted 20% of my practice to custody matters; I have handled 5 custody matters; and I have completed 6 hours of custody-related CLE.
- Estates: In the past two years I have devoted 20% of my practice to estate law; I have handled 5 probate or administration of estate matters to completion; and I have completed 6 hours of estate-related CLE.
- Elder Law: In the past two years, I have devoted 20% of my practice to elder law; I have handled 5 elder law matters; and I have completed 6 hours of elder law-related CLE.
- Farm Bankruptcy: In the past two years I have handled one farm bankruptcy matter to completion and I have completed 6 hours of farm/agricultural-related CLE.

I certify, under penalty of perjury, that I maintain the expertise listed for each area of practice checked above.

Signature _____

Areas of Practice, Level III:

I am interested in applying for the subject matter panel(s) checked below; please send me an application. Eligibility is for five years. There is a fee of \$100 to be submitted with each completed application.

- Major Criminal
- Major Personal Injury
- Medical Malpractice

PLEASE ATTACH: Payment: ___ \$75 NYSBA Members ___ \$125 Non-Members ___ \$100 Subject Matter Panel Fee (per panel for five years)
 Copy of Insurance Declaration Page (Required)

Charge \$ _____ to American Express Discover MasterCard Visa Valid from _____ to _____

Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature _____

PANEL AGREEMENT TERMS

I am an attorney currently licensed in New York and registered with the Office of Court Administration. I hereby certify that I maintain the ongoing professional expertise to handle referred matters competently, and I have no disciplinary proceedings pending against me; or, if there is a disciplinary proceeding pending before either a district or department committee, I have attached an explanation on a separate sheet. If there is any change in this status, I agree to notify the LRIS in writing forthwith of same. I agree to serve persons referred to me in accordance with the terms of the LRIS Plan, which I have read. I agree to grant clients referred an initial consultation of one-half hour for no more than \$35, and this fee may be waived by me. I further agree to provide a free initial consultation in those areas of law starred on page one if they are among my chosen areas of practice. **If I am retained by any referred clients, I agree to remit to the LRIS 10% of the entire fee if the fee for any referral case is \$500 or more, exclusive of disbursements. I understand that no percentage fee shall be charged if the fee is less than \$500. I agree that this fee is owed to the LRIS for any referral case including: (1) the initial matter referred and any related transaction, proceeding or action; and (2) any other matter which involves the same client and is undertaken within three years of the date of the referral or the initial retention, whichever last occurs.** Should I decline a referral for any reason, I agree to refer the caller back to the LRIS. I understand that I am responsible for any fees due the LRIS from matters referred to me, even if the same client also is referred to me by one or more other sources. I understand that my obligation to pay the LRIS continues until the matter is closed by the LRIS and/or the LRIS relieves me of my obligation, even if I am discharged by the client and/or the matter is concluded by another attorney, and even if I do not remain an LRIS participant.

Signed _____ Date _____