



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.

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

**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.



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 _____