



NEW YORK STATE BAR ASSOCIATION

NYSBA 2012 ATTORNEY REGISTRATION FORM LAWYER REFERRAL AND INFORMATION SERVICE

One Elk Street, Albany, NY 12207 Fax (518) 487-5694 (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)

<input type="checkbox"/> Adoption	<input type="checkbox"/> Labor Relations ___ Appeals ___ Civil Service ___ Employment Contracts ___ Employment Discrimination	<input type="checkbox"/> Taxation
<input type="checkbox"/> Agricultural/Farm Law	<input type="checkbox"/> Landlord/Tenant	<input type="checkbox"/> **Unemployment
<input type="checkbox"/> Animal Law	<input type="checkbox"/> Legal Malpractice	<input type="checkbox"/> Vehicle & Traffic Law
<input type="checkbox"/> Appeals	<input type="checkbox"/> Matrimonial/Divorce	<input type="checkbox"/> **Veterans & Military Law
<input type="checkbox"/> Bankruptcy ___ Chapter 7 ___ Chapter 11 ___ Chapter 13	<input type="checkbox"/> Municipal	<input type="checkbox"/> Wills
<input type="checkbox"/> Civil Rights	<input type="checkbox"/> **Negligence & Tort-Plaintiff ___ Negligence & ___ Tort-Defendant	<input type="checkbox"/> **Workers' Compensation
<input type="checkbox"/> Collections	<input type="checkbox"/> Partnership	I am currently listed on:
<input type="checkbox"/> Consumer Protection	<input type="checkbox"/> Patents, Trademarks & Copyright	<input type="checkbox"/> **Medical Malpractice
<input type="checkbox"/> Contracts ___ Business Agreements ___ Home/Builder	<input type="checkbox"/> Personal Property	<input type="checkbox"/> Major Criminal
<input type="checkbox"/> Corporation Law	<input type="checkbox"/> Real Estate ___ Closings ___ Condemnation ___ Foreclosure ___ Land Contract ___ Tax Assessments ___ Zoning and Land Use	<input type="checkbox"/> **Major Personal Injury
<input type="checkbox"/> Criminal Law	<input type="checkbox"/> Retirement /Pension	List any other areas of practice you would like to add in which you have experience.
<input type="checkbox"/> Document Preparation ___ Health Care Proxy ___ Power of Attorney ___ Name Change ___ Living Wills	<input type="checkbox"/> Small Business	_____
<input type="checkbox"/> Education Law	<input type="checkbox"/> **Social Security ___ **SSD ___ **SSI	_____
<input type="checkbox"/> Environmental		_____
<input type="checkbox"/> Family Court Law		_____
<input type="checkbox"/> Guardianship/Conservatorship		_____
<input type="checkbox"/> Immigration & Naturalization		_____
<input type="checkbox"/> Insurance		_____

*Participating attorneys must have an office in one of the following counties: Allegany, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Niagara, Oneida, Ontario, Orleans, Oswego, Otsego, Rensselaer, St. Lawrence, Saratoga, 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.

