

NEW YORK STATE BAR ASSOCIATION

NYSBA 2013 ATTORNEY REGISTRATION FORM LAWYER REFERRAL AND INFORMATION SERVICE



One Elk Street, Albany, NY 12207 Fax (518) 463-5993 (800) 342-3661 lr@nysba.org

Firm Name Address City, State, Zip Fhone FAX Femail address No syour office handicapped accessible? Yes No Do you have evening hours? Yes No Will you make home visits? Yes No Foreign Languages Spoken: No Foreign Languages Spoken: No Fax ey ou admitted to practice in any other state? Yes, as follows: NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. NO NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. No NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. No NO NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. No NO NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. No NO NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. No NO NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. No NO NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. No NO NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. No NO Foreign Languages Spoken: No NO Foreign Languages Spoken: No NO Foreign Languages Spoken: No Insurance No NO Foreign Languages Spoken: No Insurance No NO Foreign Languages Spoken: No Insurance No Insur	Name	Date of NY Admission	NYSBA ID#
City, State, Zip Phone	Firm Name		County*
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 Foreign Languages Spoken: Are you a trial attorney? Yes No Foreign Languages Spoken: Are you admitted to practice in any other state? Yes, as follows: **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	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 Foreign Languages Spoken: Are you a trial attorney? Yes No Foreign Languages Spoken: Are you admitted to practice in any other state? Yes, as follows: No Foreign Languages Spoken: Are you admitted to practice in any other state? Yes, as follows: No Foreign Languages Spoken: Are you admitted to practice in any other state? Yes, as follows: No Foreign Languages Spoken: Are you admitted to practice in any other state? Yes, as follows: No Foreign Languages Spoken: Are you admitted to practice in any other state? Yes, as follows: No Foreign Languages Spoken: Are you admitted to practice in any other state? Yes, as follows: No Foreign Languages Spoken: No Mall Languages Spoken: No Will you make home visits? Yes No No No Are you admitted to practice in any other state? Yes, as follows: No Foreign Languages Spoken: No Mall Languages Spoken: No Mo State In June 10,000 is required of all participants. No Description Law Are you admitted to practice in any other state? Yes, as follows: No Foreign Languages Spoken: No Document Preparation Heath Care Proxy Power of Attorney Name Change Land Contract Tax Assessments Zoning and Land Use Real Estate Closings Condemnation Foreclosure Land Contract Tax Assessments Zoning and Land Use Environmental Small Business Arestiment Pension Small Business Homity Court Law Guardianship/Conservatorship ***SSD ***SSD Immigration & Naturalization	City, State, Zip		
Do you have evening hours? Yes			
Are you a trial attorney? Yes No Foreign Languages Spoken: No Are you admitted to practice in any other state? Yes, as follows: No 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			
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Adoption			
Agricultural/Farm Law	Areas of Practice, Level I: Please c	hoose no more than TEN areas of praction	ce (boxed areas count as one category)
Animal Law	☐ Adoption		☐ Taxation
Animal Law	☐ Agricultural/Farm Law		☐ **Unemployment
Appeals	☐ Animal Law		☐ Vehicle & Traffic Law
Bankruptcy	☐ Appeals		**\/atarans & Military Law
Chapter 7		□ Landlord/Tenant	·
Chapter 11 Chapter 13 Civil Rights Collections Consumer Protection Contracts Business Agreements Home/Builder Criminal Law Criminal Law Criminal Law Comporation Health Care Proxy Power of Attorney Living Wills Civil Rights Municipal **Negligence & Tort-Plaintiff Negligence & Tort-Plaintiff Negligence & Tort-Defendant **Major Criminal **Major Personal Injury List any other areas of practice you would like to add in which you have experience. Closings Condemnation Foreclosure Land Contract Tax Assessments Zoning and Land Use Retirement /Pension Small Business **Social Security **SSD **SSI 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. **Tort-Defendant **Major Personal Injury List any other areas of practice you would like to add in which you have experience. **Tort-Defendant **Medical Malpractice Major Criminal **Major Personal Injury List any other areas of practice you would like to add in which you have experience. **Condemnation Foreclosure Land Contract Tax Assessments Zoning and Land Use Retirement /Pension Small Business **Social Security **SSD ***SSI	11 ' '	☐ Legal Malpractice	
Civil Rights		☐ Matrimonial/Divorce	
□ Civil Rights □ **Negligence & Tort-Plaintiff □ **Medical Malpractice □ Consumer Protection □ Negligence & Tort-Defendant □ **Major Criminal □ Contracts □ Partnership □ **Major Personal Injury □ Business Agreements □ Partnership □ **Major Personal Injury □ Negligence & Tort-Plaintiff □ **Major Criminal □ **Major Personal Injury □ **Major Personal Injury □ **Major Personal Injury □ List any other areas of practice you would like to add in which you have experience. □ **Negligence & Tort-Plaintiff □ **Major Criminal □ **Major Criminal □ **Major Personal Injury List any other areas of practice you would like to add in which you have experience. □ Corporation Law □ Closings □ Condemnation □ Foreclosure □ Land Contract □ Tax Assessments □ Zoning and Land Use □ Education Law □ Retirement /Pension □ Environmental □ Small Business □ Family Court Law □ **Social Security □ Major Criminal □ **Major Criminal □ **Major Presonal Injury List any other areas of practice you would like to add in which you have experience. □ List any other areas of practice you would like to add in which you have experience. □ Assessments □ Tax Assessments □ Zondandian Naturalization □ **Social Security □ **Social Security □ **Social Security □ Assessments □ Tax Assessments □ Assessments □ Tax Assessments	Chapter 13	☐ Municipal	I am currently listed on:
Collections Negligence & Tort—Defendant Major Criminal Consumer Protection Partnership **Major Personal Injury Contracts Pattents, Trademarks & Copyright List any other areas of practice you would like to add in which you have experience. Corporation Law Personal Property	☐ Civil Rights	'	7
□ Consumer Protection Tort-Defendant □ **Major Personal Injury □ Contracts □ Partnership List any other areas of practice you would like to add in which you have experience. □ Corporation Law □ Personal Property List any other areas of practice you would like to add in which you have experience. □ Corporation Law □ Real Estate Closings □ Document Preparation □ Foreclosure Land Contract □ Name Change □ Land Contract □ Tax Assessments □ Living Wills □ Tax Assessments □ Tax Assessments □ Education Law □ Retirement /Pension □ Environmental □ Small Business □ Family Court Law □ **Social Security □ **SSD □ Immigration & Naturalization □ **SSI	☐ Collections		'
Contracts	☐ Consumer Protection		
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Living WillsZoning and Land Use			
□ Education Law □ Retirement /Pension □ Environmental □ Small Business □ Family Court Law □ **Social Security □ Guardianship/Conservatorship _ **SSD □ Immigration & Naturalization _ **SSI			
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□ Insurance	☐ Immigration & Naturalization	**SSI	
	☐ Insurance		

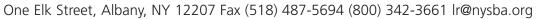
^{*}Participating attorneys must have an office in one of the following counties: Allegany, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Niagara, 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.



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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.	☐ 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.			
☐ 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.	☐ 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	y			
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				
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 participant.				
Signed	Date			