



NEW YORK STATE BAR ASSOCIATION

NYSBA 2016 ATTORNEY REGISTRATION FORM LAWYER REFERRAL AND INFORMATION SERVICE

One Elk Street, Albany, NY 12207 Fax (518) 463-5993 (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 _____
 Website: _____ 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"/> Agricultural/Farm Law <input type="checkbox"/> Animal Law <input type="checkbox"/> Appeals <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Bankruptcy ___ Chapter 7 ___ Chapter 11 ___ Chapter 13 </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Civil Rights ___ Prisoners' Rights/1983 Litigation ___ LGBTQ Rights </div> <input type="checkbox"/> Collections <input type="checkbox"/> Consumer Protection <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Contracts ___ Business Agreements ___ Home/Builder </div> <input type="checkbox"/> Corporation Law <input type="checkbox"/> Criminal Law <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Document Preparation ___ Health Care Proxy ___ Power of Attorney ___ Name Change ___ Living Wills </div> <input type="checkbox"/> Education Law <input type="checkbox"/> Environmental <input type="checkbox"/> Family Court Law <input type="checkbox"/> Guardianship/Conservatorship <input type="checkbox"/> Immigration & Naturalization	<input type="checkbox"/> Insurance <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Labor Relations ___ Civil Service ___ Employment Contracts ___ Employment Discrimination </div> <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Legal Malpractice <input type="checkbox"/> LGBTQ Rights <input type="checkbox"/> Matrimonial/Divorce <input type="checkbox"/> Municipal <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> **Negligence & Tort-Plaintiff ___ Negligence & ___ Tort-Defendant ___ Court of Claims ___ Prisoner/Court of Claims </div> <input type="checkbox"/> Partnership <input type="checkbox"/> Patents, Trademarks & Copyright <input type="checkbox"/> Personal Property <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Real Estate ___ Closings ___ Condemnation ___ Foreclosure ___ Land Contract ___ Tax Assessments ___ Zoning and Land Use </div> <input type="checkbox"/> Retirement /Pension <input type="checkbox"/> Small Business	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> **Social Security ___ **SSD ___ **SSI </div> <input type="checkbox"/> Taxation <input type="checkbox"/> **Unemployment <input type="checkbox"/> Vehicle & Traffic Law <input type="checkbox"/> **Veterans & Military Law <input type="checkbox"/> Wills <input type="checkbox"/> **Workers' Compensation <p>I am currently listed on:</p> <input type="checkbox"/> **Medical Malpractice <input type="checkbox"/> Major Criminal <input type="checkbox"/> **Major Personal Injury <p>List any other areas of practice you would like to add in which you have experience.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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*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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LAWYER REFERRAL AND INFORMATION SERVICE**

ABA MEETS ABA STANDARDS
FOR LAWYER REFERRAL
AMERICAN BAR ASSOCIATION
THE RIGHT CALL FOR THE RIGHT LAWYER™

- ☐ **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.

☐ **QDRO's/DRO's:** I have represented clients in at least ten (10) Supreme Court matters in the past five (5) years in which Qualified Domestic Relations Orders/ Domestic Relation Orders were prepared and submitted by the undersigned attorney.

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

Signature _____

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

☐ Copy of Insurance Declaration Page (Required) _____ (per panel for five years)

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

Card Number

[illegible]

Signature _____

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
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