

NEW YORK STATE BAR ASSOCIATION

NYSBA 2018 ATTORNEY APPLICATION 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#					
Address	City, State, Zip_	City, State, Zip					
		E-mail address					
		ed accessible? Yes No					
	No Will you make home visits? Yes						
	No Foreign Languages Spoken:						
		No					
Are you willing to take cases outside your co	ounty? Yes No If so, what other	County/Counties					
	ce in the minimum amount of \$100,00 copy of the policy's declaration page						
Areas of Practice, Level I: Please ch	oose no more than TEN areas of praction	ce (boxed areas count as one category)					
☐ Adoption	☐ Insurance	☐ **Social Security					
☐ Agricultural/Farm Law	☐ Labor Relations	**SSD					
☐ Animal Law	Civil Service	**SSI					
☐ Appeals	Employment Contracts	☐ Taxation					
	Employment Discrimination	☐ **Unemployment					
☐ Bankruptcy ☐ Chapter 7	☐ Landlord/Tenant	☐ Vehicle & Traffic Law					
Chapter / Chapter 11	☐ Just Landlord						
Chapter 13	☐ Legal Malpractice	☐ **Veterans & Military Law					
☐ Civil Rights	☐ LGBTQ Rights	□ Wills					
Prisoners' Rights/1983 Litigation		☐ Contested Wills					
LGBTQ Rights	☐ Matrimonial/Divorce	☐ **Workers' Compensation					
☐ Collections	☐ Municipal	¬ I am currently listed on:					
☐ Consumer Protection	□ **Negligence & Tort–Plaintiff	**Medical Malpractice					
Contracts	Negligence & Tort–Defendant	'					
Business Agreements	Court of Claims	☐ Major Criminal					
Home/Builder	Prisoner/Court of Claims	☐ **Major Personal Injury					
☐ Corporation Law	Double and in	List any other areas of practice you					
☐ Criminal Law	☐ Partnership	would like to add in which you					
☐ Document Preparation	☐ Patents, Trademarks & Copyright	have experience.					
Health Care Proxy	☐ Personal Property						
Power of Attorney	☐ Real Estate						
Name Change	Closings						
Living Wills	Condemnation						
☐ Education Law	Foreclosure Land Contract						
☐ Environmental	Tax Assessments						
☐ Family Court Law	Zoning and Land Use						
☐ Guardianship/Conservatorship	☐ Retirement /Pension						
☐ Immigration & Naturalization	☐ Small Business						

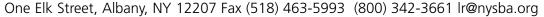
^{*}Participating attorneys must have an office in one of the following counties: Allegany, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Montgomery, Niagara, Oneida, Ontario, Orleans, Oswego, Otsego, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Sullivan, 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. 	☐ 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.						
☐ 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.	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.						
☐ 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.							
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: \$100 NYSBA Members ☐ Copy of Insurance Declaration Page (Required) ☐ Charge \$ to ☐ American Express ☐ Discover ☐ Maste							
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 participant.

Sig	nec	Date	