

NEW YORK STATE BAR ASSOCIATION

NYSBA 2021 ATTORNEY APPLICATION FORM LAWYER REFERRAL AND INFORMATION SERVICE

One Elk Street, Albany, NY 12207 (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 _____
 Are you willing to take cases outside your county? Yes _____ No _____ If so, what other County/Countries _____

**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; margin-top: 5px;"> <input type="checkbox"/> Bankruptcy
 ___ Chapter 7
 ___ Chapter 11
 ___ Chapter 13 </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <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; margin-top: 5px;"> <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; margin-top: 5px;"> <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; margin-top: 5px;"> <input type="checkbox"/> Labor Relations
 ___ Civil Service
 ___ Employment Contracts
 ___ Employment Discrimination </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> Landlord/Tenant
 <input type="checkbox"/> Just Landlord </div> <input type="checkbox"/> Legal Malpractice
<input type="checkbox"/> Lemon Law
<input type="checkbox"/> LGBTQ Rights
<input type="checkbox"/> Matrimonial/Divorce
<input type="checkbox"/> Municipal
<div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <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; margin-top: 5px;"> <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; margin-top: 5px;"> <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
<div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <input type="checkbox"/> Wills
 <input type="checkbox"/> Contested Wills </div> <input type="checkbox"/> *Workers' Compensation

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.



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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.
- 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 _____

Areas of Practice, Level III:

I am interested in applying for the subject matter panel(s) checked below; please send me an application.

- Major Criminal Major Personal Injury Medical Malpractice

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 _____

Attach Copy of Insurance Declaration Page (Required)