

**NEW LONDON COUNTY BAR ASSOCIATION, INC.  
LAWYER REFERRAL SERVICE  
MEMBERSHIP APPLICATION FOR 2016-2017**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
 Year of Admission to Connecticut Bar: \_\_\_\_\_  
 Name of Person allowed to schedule appointments for you: \_\_\_\_\_  
**INSURANCE:** *LRS members are required to carry Professional Liability Insurance.*  
 Insurance Carrier: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

**SUBJECT MATTER PANELS**

You will receive referrals only in those areas checked below

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative<br><input type="checkbox"/> Admiralty<br><input type="checkbox"/> Bankruptcy/Creditors<br><input type="checkbox"/> Business/Corporate<br><input type="checkbox"/> Civil Rights/Discrimination<br><input type="checkbox"/> Collections<br><input type="checkbox"/> Consumer<br><input type="checkbox"/> Criminal<br><input type="checkbox"/> Education<br><input type="checkbox"/> Elder Law<br><input type="checkbox"/> Employment Law/Labor Relations<br><input type="checkbox"/> Federal<br><input type="checkbox"/> State<br><input type="checkbox"/> Tribal<br><input type="checkbox"/> Environmental<br><input type="checkbox"/> Estates/Wills/Trusts<br><input type="checkbox"/> Family Relations<br><input type="checkbox"/> Mediation<br><input type="checkbox"/> Foreclosures<br><input type="checkbox"/> Housing<br><input type="checkbox"/> Landlord<br><input type="checkbox"/> Tenant | <input type="checkbox"/> Identity Theft<br><input type="checkbox"/> Immigration<br><input type="checkbox"/> Juvenile Court<br><input type="checkbox"/> Legal Malpractice<br><input type="checkbox"/> Medical Malpractice<br><input type="checkbox"/> Motor Vehicle Violations<br><input type="checkbox"/> Patents/Copyrights/Trademarks<br><input type="checkbox"/> Personal Injury<br><input type="checkbox"/> State<br><input type="checkbox"/> Tribal<br><input type="checkbox"/> Property Damage<br><input type="checkbox"/> Real Property<br><input type="checkbox"/> SSDI/SSI<br><input type="checkbox"/> Tax<br><input type="checkbox"/> Unemployment Compensation<br><input type="checkbox"/> Workers Compensation<br><input type="checkbox"/> Federal<br><input type="checkbox"/> State<br><input type="checkbox"/> Tribal<br><input type="checkbox"/> Zoning/Bldg.Reg.<br><input type="checkbox"/> General Civil<br><br><input type="checkbox"/> Other _____ |
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I HEREBY CERTIFY THAT I HAVE SUFFICIENT EXPERIENCE IN THE ABOVE CHECKED AREAS OF  
LAW TO COMPETENTLY REPRESENT A CLIENT.

Signed: \_\_\_\_\_  
 Name: \_\_\_\_\_

BOTH SIDES OF THIS COMPLETED FORM MUST BE SIGNED AND RETURNED WITH A **\$30 CHECK**  
 PAYABLE TO LAWYER REFERRAL SERVICE  
 P.O. BOX 374, N. Stonington, CT. 06359 (860) 889-9384