

**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
<input type="checkbox"/> Admiralty
<input type="checkbox"/> Bankruptcy/Creditors
<input type="checkbox"/> Business/Corporate
<input type="checkbox"/> Civil Rights/Discrimination
<input type="checkbox"/> Collections
<input type="checkbox"/> Consumer
<input type="checkbox"/> Criminal
<input type="checkbox"/> Education
<input type="checkbox"/> Elder Law
<input type="checkbox"/> Employment Law/Labor Relations
<input type="checkbox"/> Federal
<input type="checkbox"/> State
<input type="checkbox"/> Tribal
<input type="checkbox"/> Environmental
<input type="checkbox"/> Estates/Wills/Trusts
<input type="checkbox"/> Family Relations
<input type="checkbox"/> Mediation
<input type="checkbox"/> Foreclosures
<input type="checkbox"/> Housing
<input type="checkbox"/> Landlord
<input type="checkbox"/> Tenant | <input type="checkbox"/> Identity Theft
<input type="checkbox"/> Immigration
<input type="checkbox"/> Juvenile Court
<input type="checkbox"/> Legal Malpractice
<input type="checkbox"/> Medical Malpractice
<input type="checkbox"/> Motor Vehicle Violations
<input type="checkbox"/> Patents/Copyrights/Trademarks
<input type="checkbox"/> Personal Injury
<input type="checkbox"/> State
<input type="checkbox"/> Tribal
<input type="checkbox"/> Property Damage
<input type="checkbox"/> Real Property
<input type="checkbox"/> SSDI/SSI
<input type="checkbox"/> Tax
<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Federal
<input type="checkbox"/> State
<input type="checkbox"/> Tribal
<input type="checkbox"/> Zoning/Bldg.Reg.
<input type="checkbox"/> General Civil

<input type="checkbox"/> Other _____ |
|--|--|

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