

**NEW LONDON COUNTY BAR ASSOCIATION, INC.  
LAWYER REFERRAL SERVICE  
MEMBERSHIP APPLICATION FOR 2017-2018**

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