

**NEW LONDON COUNTY BAR ASSOCIATION, INC.**  
**LAWYER REFERRAL SERVICE MEMBERSHIP APPLICATION FOR 2018-2019**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Year of Admission to Connecticut Bar: \_\_\_\_\_

Assistant's email (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

- Administrative
- Admiralty
- Bankruptcy/Creditors
- Business/Corporate
- Civil Rights/Discrimination
- Collections
- Consumer Protection/Defective Products
- Criminal
- Defamation of Character
- Education
- Elder Law
- Employment Law/Labor Relations/Wrongful Term.
- Environmental
- Estates/Wills/Trusts
- Family Relations
- General Civil Litigation
  - Federal
  - State
- Mediation

- Foreclosures
- Plaintiff  Defendant
- Housing
  - Landlord  Tenant
- Identity Theft
- Immigration
- Juvenile Court
- Legal Malpractice
- Medical Malpractice
- Motor Vehicle Violations
- Patents/Copyrights/Trademarks
- Personal Injury
  - Trucking Accidents
  - Motorcycle Accidents
  - Slip/Fall
  - State
  - Tribal
    - Mashantucket
    - Mohegan
- Property Damage
- Real Property
- Social Security
- Tax
- Unemployment Compensation
- Veterans' Benefits
- Workers' Compensation
- Zoning/Building Regulations
- Other \_\_\_\_\_

\*\* I am fluent in the following additional languages: \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE SUFFICIENT EXPERIENCE IN THE LAW TO COMPETENTLY REPRESENT A CLIENT.

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

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

BOTH SIDES OF THIS COMPLETED FORM MUST BE SIGNED AND RETURNED WITH A **\$50 CHECK** PAYABLE TO  
LAWYER REFERRAL SERVICE  
P.O. BOX 1052, Groton, CT 06340  
(860) 889-9384