

**NEW LONDON COUNTY BAR ASSOCIATION, INC.
LAWYER REFERRAL SERVICE MEMBERSHIP APPLICATION FOR 2020-2021**

Name: _____ Phone: _____

Firm Name: _____

Office Address: _____

Mailing Address: _____

EMAIL: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Admiralty | <input type="checkbox"/> Landlord <input type="checkbox"/> Tenant |
| <input type="checkbox"/> Bankruptcy/Creditors | <input type="checkbox"/> Identity Theft |
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Immigration |
| <input type="checkbox"/> Civil Rights/Discrimination | <input type="checkbox"/> Juvenile Court |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Legal Malpractice |
| <input type="checkbox"/> Consumer Protection/Defective Products | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Defamation of Character | <input type="checkbox"/> Medical Class Action Litigation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Motor Vehicle Violations |
| <input type="checkbox"/> Elder Law/Elder Abuse | <input type="checkbox"/> Patents/Copyrights/Trademarks |
| <input type="checkbox"/> Employment Law/Labor Relations/Wrongful Term. | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> Estates/Wills/Trusts | <input type="checkbox"/> Mashantucket |
| <input type="checkbox"/> Family Relations | <input type="checkbox"/> Mohegan |
| <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> General Civil Litigation | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Federal | <input type="checkbox"/> Tax |
| <input type="checkbox"/> State | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> Appeals | <input type="checkbox"/> Vehicle Repair/Mechanic Complaints |
| | <input type="checkbox"/> Veterans' Benefits |
| | <input type="checkbox"/> Workers' Compensation |
| | <input type="checkbox"/> Zoning/Building Regulations |

**Other Specialties: _____

** 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: _____

COMPLETED FORM MUST BE SIGNED AND RETURNED WITH A \$30 CHECK PAYABLE TO

LAWYER REFERRAL SERVICE
P.O. BOX 1052, Groton, CT 06340
(860) 889-9384

**NEW LONDON COUNTY BAR ASSOCIATION LAWYER REFERRAL SERVICE
PANEL MEMBER AGREEMENT**

In consideration for my becoming and continuing as a member of the Lawyer Referral Service (LRS) Panel of participating attorneys, I agree as follows:

1. I am a member in good standing of the New London County Bar Association and the Connecticut Bar and have not been sanctioned for violating the Rules of Professional Conduct by the Statewide Grievance Committee in the last 5 years.

2. I certify that I will accept only those referrals that I am competent to handle within the Rules of Professional Conduct and in particular Rule 1.1 which reads: A lawyer shall provide competent representation to a client. Competent representation requires the legal knowledge, skill, thoroughness and preparation necessary for the representation.

3. I have read the attached schedule of Lawyer Referral Service Procedures and shall comply with them.

4. I will immediately notify LRS if I no longer maintain my professional liability insurance coverage.

5 (a) A \$25 referral fee will be electronically collected from the client prior to the time of the first consultation (except Personal Injury, Workers Compensation, & Social Security cases). Clients are advised that this charge is due to LRS and will be collected by the NLCBA at the time of the referral.

(b) Ten percent (10%) of the total attorney's fee received from any referred client, unless the total attorney's fee is \$250 or less, shall be promptly remitted to LRS by mail. Compliance with this requirement is expected and will be enforced.

6. I will promptly comply with the periodic reporting requirements necessary to ascertain the status of LRS appointments. I understand that the LRS may conduct client surveys, the responses of which may be compared to mine.

Signed: _____

Name: _____

Date: _____

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