WORCESTER COUNTY BAR ASSOCIATION
LAWYER REFERRAL SERVICE

APPLICATION / AGREEMENT

Name: _____ Tel: _____
Firm Address: _____
Year of Admission to Massachusetts Bar: _____ BBO#: _____ WCBA Member: Yes _____ No ____
Foreign Language Ability: Yes_____ No _____ (If yes, please specify) _____
Admitted to practice in other States: Yes_____ No _____ (If yes, please specify) _____

1. LRS Rules: I hereby acknowledge that I have read the LRS rules and agree to comply with them. I affirm that the statements and information on file with the LRS are true and complete.

2. Competence: I hereby certify that I am competent and experienced in the referral areas selected on the reverse side and agree to hold the Worcester County Bar Association harmless from any and all claims arising out of representation of clients referred by the LRS. I also acknowledge that I am aware of the WCBA Mentor Program for conferences with more experienced attorneys as needed.

3. Insurance: I acknowledge that I am required to carry and therefore do carry minimum Professional Liability coverage of $250,000/$500,000. A copy of the declaration page from my current policy has been provided to the LRS. Policy expiration date:_____. I further agree to notify the LRS immediately if this policy is terminated or coverage is reduced during the period of LRS participation.

4. Disciplinary Action: I affirm that I am a member in good standing of the Massachusetts Bar, that I have never been disciplined by the Board of Bar Overseers or any other disciplinary authority in this or any other jurisdiction and that I have complied with the registration requirements of the Board of Bar Overseers. If there has been any such discipline, check box and briefly explain in a separate letter ( ). I agree to notify the LRS if any of the above affirmations cease to be true within seven (7) days of the imposition of any bar sanctions or discipline.

5. Fees: I agree to abide by SJC Professional Conduct Rule 1.5 with respect to fee agreements and I will enter into a written fee agreement on all LRS cases.

6. Dues: I have remitted my annual non-refundable LRS dues. The dues are assessed at $125.00.

7. Referral Fees: I acknowledge an obligation to remit to the LRS fifteen (15) percent of the collected fees over $50.00 on any case referred by the LRS. In cases where fees are charged and collected on an hourly basis, the LRS fee will be paid by the undersigned within ten (10) days of collecting fees from the client. In all other cases, the LRS fee will be remitted to the WCBA upon collection of the fee from the client. (There is no fee contribution required when the referral is under the Reduced Fee Program).

8. Reporting: I acknowledge that thirty (30) day reports and final reports on all referred matters are required in a format designated by the WCBA. Failure to file required reports will be grounds to terminate this contract with notice to the attorney and cease further referrals.

WAIVER

I hereby authorize the Board of Bar Overseers (B.B.O.) to release any and all information to the Lawyer Referral Service regarding any disciplinary proceedings that have been commenced against me by the Board of Bar Overseers within five years. This does not include complaints that have not resulted in the commencement of disciplinary proceedings. I understand that applicants who have been disciplined within the past five years and not reviewed by the Lawyer Referral Service Committee will not be accepted until after a satisfactory review by the committee. Current panelists who are disciplined will be suspended until after a favorable review by the Lawyer Referral Service Committee.

Read and signed: _____ Date: _____

I certify that I am competent and experienced in the referral areas selected below:

Administrative Law
1. Municipal Agencies ___
2. State Agencies ___
3. Soc. Sec. Admin., SSI, SSDI ___
   a. Dispute/Overpayment/Appeal ___
4. Other (Ex. RMV, Environmental)
   Please Specify:
   _____
   _____
   _____
   _____

Bankruptcy
1. Personal ___
2. Business ___

Business Law
1. Partnerships ___
2. Corporations ___
3. Non-Profit ___
4. LLC's ___
5. Litigation ___

Care & Protection, Termination of Parental Rights ___

Collections
1. Creditor ___
2. Debtor ___

Consumer Protection
1. CH 93A incl. Contractor Disp. ___
2. Other (Ex. Identity Theft, Lemon Law)
   Please Specify:
   _____
   _____
   _____
   _____

Contracts
1. Drafting ___
2. Litigation ___

Criminal Law
1. District-Criminal ___
2. District-Traffic Violations ___
3. Superior Court ___
4. Juvenile Court ___
5. Appeals Court ___

Discrimination
1. Employment ___
2. Handicapped ___
3. Housing ___
4. Age ___
5. Other (Ex. Sexual Harassment)
   Please Specify:
   _____
   _____
   _____
   _____

Education Law
1. CH 766 ___
2. Other (Ex. Discipline, Expulsion)
   Please Specify:
   _____
   _____
   _____
   _____

Employment Law
1. Labor Relations
   a. Representing Labor ___
   b. Representing Management ___
2. Employment Termination ___
3. Other (Ex. Unpaid Wages, FMLA)
   Please Specify:
   _____
   _____
   _____
   _____

Entertainment Law ___

Family Law
1. Divorce ___
2. Support & Custody ___
3. Modification/Contempt ___
4. Adoption ___
5. Other (Ex. Grandparent Rights)
   Please Specify:
   _____
   _____
   _____
   _____

Immigration ___

Individual Rights & Liberties
1. Civil Rights & Liberties ___
2. Mental Health Commitment & Defense ___
3. HIPAA Violations ___

Insurance
1. 1st Party Loss ___
2. Homeowners ___
3. Life ___
4. Disability ___
5. Health ___
6. Surcharge Appeals ___

Intellectual Property
1. Patent ___
2. Copyright ___
3. Trademark ___

Landlord & Tenant
1. Landlord ___
2. Tenant ___

Probate, Wills & Estates
1. Wills & Trusts ___
2. Estate Planning ___
3. Guardianship/Conservatorship ___
4. Will Contest/Litigation ___

Real Estate
1. Residential Conveyancing ___
2. Commercial Conveyancing ___
3. Litigation & Land Court
   a. Mortgage Foreclosure/Defense ___
   b. Land Use/Boundary Disp. ___
4. Zoning ___
5. Condominiums ___

Restraining & Harass. Orders ___

Taxation
1. Personal ___
2. Business ___

Tort
1. Personal Injury ___
2. Products Liability ___
3. Medical Malpractice ___
4. Legal Malpractice ___
5. Auto Tort ___
6. Defamation/Slander/Libel ___
7. Other (Ex. Wrongful Death)
   Please Specify:
   _____
   _____
   _____
   _____

Unemployment ___

Workers Compensation ___

Areas of special interest not covered by any of the above and/or Notes:
_____
_____
_____
_____
_____
_____
_____
_____

Signature: _____

Please return to:
Worcester County Bar Assoc.
Attn: Lawyer Referral Service
370 Main Street, Suite 975
Worcester, MA 01608