

APPLICATION FOR LAWYER REFERRAL SERVICE 2010-2011

Please check the areas in which you wish to receive referrals, and in which you have had experience and are competent: **(There is a \$25.00 fee per numbered category)** Make checks payable to B.C.B.A. Referral Service.

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|---|------------------------------|
| 1. Admiralty Law & Fisheries Law | 13. Estate Planning |
| 2. Family Law | Probate - Wills - Trusts |
| Adoption | 14. Taxation |
| Child Support | Estate-Business-Personal |
| Child Custody | 15. Insurance |
| Divorce | 16. Immigration |
| 3. Bankruptcy & Reorganization Personal & Corporate | 17. Labor & Employment |
| 4. Business Law | 18. Landlord/Tenant |
| 5. Civil Litigation | 19. Medical Malpractice |
| Collections | 20. Municipal Law |
| Discrimination | Zoning & Land Use |
| Products Liability | 21. Intellectual Property |
| Real Estate Litigation | Copyright |
| Premises Liability | Trademark |
| 6. Mediation - Family Law - or Civil | Service mark |
| 7. Construction Law | 22. Personal Injury |
| 8. Contract Law (Personal & Business) | 23. Real Estate Closings |
| 9. Corporate and Business Formation | 24. School Issues |
| 10. Criminal Law - Adult and Juvenile | 25. Social Security Benefits |
| 11. Elder Law | 26. Workers Compensation |
| 12. Environmental Law/ Coastal Zoning | |

Have you been disciplined by the Massachusetts Board of Bar Overseers or a disciplinary authority of another jurisdiction at any time during the past year? _____(Yes);_____ (No)

Do you carry malpractice liability insurance of a least \$250,000.00/\$500,000.00? _____ (Yes);__ (No)

Please send in proof of insurance coverage.

1. For each referred case on which you receive a fee, there will be paid, after the first \$100.00 received towards fees, an amount equal to ten (10%) percent of the fees generated by the referred case.
2. Each member agrees to hold the Barnstable County Bar Association harmless and indemnify the Association from any claims arising out of a referred case.
3. Each member selecting category Six (6) has completed a minimum of 30 hrs. of Mediation Training.

I am willing and hereby undertake the responsibility to accept at least two (2) pro bono cases this coming year. Yes _____ No _____.

I am presently serving or will agree to serve in the Lawyer of the Day Program. Yes____ No_____.

DATE

NAME