



Lawyer Referral & Information Service
2009/2010 Membership

Member Application

Contact Information

Attorney Name	_____		
Firm	_____		
Address	_____		
City	_____	Zip Code	_____
Telephone #	_____	Fax #	_____
Email	_____		
Web Address	_____		
Contact By	Email _____	Fax _____	
Office Hours	_____		

Geographic Information

I practice in the following counties:	_____	Ashland	_____	Ashtabula	_____	Carroll
_____ Columbiana	_____ Cuyahoga	_____ Geauga	_____ Harrison	_____ Holmes		
_____ Jefferson	_____ Lake	_____ Lorain	_____ Mahoning	_____ Medina		
_____ Portage	_____ Richland	_____ Stark	_____ Summit	_____ Trumbull		
_____ Tuscarawas	_____ Wayne	Other Counties:				

Referral Conditions Accepted

Litigation? _____	Payment Arrangements Accepted? _____
Appeals? _____	Credit Card Payments Accepted? _____
Out of Office Consultations? _____	Evening/Weekend Appointments? _____
Handicap Accessibility? _____	Foreign or Sign Languages Spoken? _____

Biographical Information

Legal Specialties / Sub-Specialties	_____
Board Certifications	_____
Prosecutor	_____
Other Degrees or Certificates	_____
Community or Legal Awards	_____
Additional Information Not Listed	_____

Experience

Year Admitted to Ohio Bar _____	Year Admitted to Federal Court _____
Supreme Court Number _____	Licensed in Other States? _____

Experience (continued) Please review the following experience requirements and initial in the row(s) corresponding with the areas of practice in which you will receive referrals.

Panel Name	CLE Hours Required	Experience & Regularity	Number of Hours on Cases	I certify that I meet these requirements. (Please initial)	Years of Practice in Ohio
ADMINISTRATIVE:	3 in last two years	10% of Practice and/or represented 10 cases	200		
BENEFITS:	6 in last two years	10% of practice in <u>each</u> area selected or represented on 10 claims	200		
BUSINESS:	6 in last two years	10% of practice in this area and represented 10 cases	200		
CIVIL RIGHTS:	6 in last two years	10% of practice in this area and directly involved in 10 or more cases through to conclusion or resolution	200		
CONSUMER:	3 in last 2 years	Excluding bankruptcy , 5% of practice in this area or representation on 10 cases	200		
CONSUMER – BANKRUPTCY:	3 in last 2 years	20% of practice in this area, representation on 10 cases and must be registered for ECF, must be able to take Chapters 7 and 13	200		
CRIMINAL:	6 in last 2 years	Excluding Felonies , Represented 20 cases	200		
CRIMINAL – FELONIES:	6 in last 2 years	Prior experience as trial counsel in two or more trials (one must be a jury trial)	200		
DOMESTIC:	6 in last 2 years	10% of practice in this area, represented on 5 termination of marriage cases to judgment and filed two settlement agreements	200		
ELDER LAW:	6 in last 2 years	10% of practice in this area, directly involved in 10 or more cases, including Medicaid	200		
ENTERTAINMENT:	3 hours	5% of practice in this area	200		
ENVIRONMENTAL:	400 hours on cases involving: 1. Civil or criminal enforcement action by an environmental agency 2. Environmental claims arising under environmental statutes or common law tort law 3. Environmental cost recover actions 4. Counseling clients on compliance with environmental laws 5. Environmental issues arising in corporate or real estate transactions 6. Teaching, writing or training others in environmental law (200 hours) or any combination of (1) through (6) and received a minimum of 6 CLE credits in environmental law in the last two years				
FINANCIAL:	6 in last 2 years	10% of practice & represented 10 cases	200		
IMMIGRATION:	12 in last 2 years	50% of practice, directly involved in 10 cases of business immigration, family immigration and asylum & removal	200		
INSURANCE:	6 in last 2 years	10% of practice, 5 cases within the last 2 years in <u>each</u> area selected	200		
INTELLECTUAL PROPERTY:	10 in last 2 years	Registered with US Patent & Trademark Office	200		
JUVENILE:	6 in last 2 years	10% of practice & represented 5 cases	200		
LABOR:	6 in last 2 years	15% of practice in this area	200 in last 2 yrs		
PROBATE:	6 in last 2 years	15% of clients and/or time, 20 cases including work through Legal Aid or VLSP	200		
REAL ESTATE:	3 CLE hours in each subcategory or 6 general real property CLE hours in the last 2 years; or representation on at least 4 transactions within each sub area in the last 2 years; or 25% of practice in real estate law		200		
TORT/NEGLIGENCE:	6 in last 2 years	15% of practice; directly involved in 10 cases through to conclusion or resolution in <u>each</u> area marked	200		

After reviewing the experience requirements, YOU MAY SELECT UP TO 5 MAIN AREAS OF PRACTICE (BOLDED, ALL-CAPS AREAS), with as many subcategories as you wish.

ADMINISTRATIVE & GOVERNMENT
Contest of Election
Education
Government
Indian Affairs
Military
Soldiers Relief Act

BENEFITS & SOCIAL SECURITY LAW
Pensions, 401k, ERISA*
Social Security Issues
Unemployment Comp.
Veterans' Benefits
Workers' Compensation

BUSINESS & COMMERCIAL LAW
Business Bankruptcy*
Business Collections
Business Taxation*
Buy/Sell Agreements*
Computer Law
Contracts
Corporations/Partnerships*
Franchising*
Non-Profit Corporations*
Small Business*

CIVIL RIGHTS LAW
Discrimination
Sexual Harassment

CONSUMER & BANKRUPTCY LAW
Auto
Bankruptcy
Collections
Construction
Equine & Animals
Home
Predatory Lending
Retail
Taxation
Warranties

CRIMINAL & TRAFFIC LAW
Criminal Appeals*
Drug Offenses
DUI
Federal Criminal*
Felonies*
Habeas Corpus
Juvenile Criminal Issues
Misdemeanors
Post Conviction*
Traffic
Victim Assistance

DOMESTIC LAW
Divorce & Dissolution
Post Divorce Matters
Violence & Harassment

ELDER LAW
Elder Law Issues
Medicaid*
Nursing Home Neglect

ENTERTAINMENT LAW
Gaming License
Liquor License

ENVIRONMENTAL LAW
Environmental Law

FINANCIAL LAW
Commercial Loans
International Commerce
International Trusts
Investor Rights Litigation
Stocks, Bonds & Securities

IMMIGRATION LAW
Immigration Issues

INSURANCE LAW
Life Insurance
Medical Insurance
Property & Auto Insurance

INTELLECTUAL PROPERTY LAW
Patents
Trademark & Copyright

JUVENILE LAW
Child Custody & Visitation
Child Support
CSB Matters
Parentage

LABOR LAW
Employer/Employee Relations
ERISA*
Labor Discrimination
Sexual Harassment
Wrongful Discharge

MALPRACTICE LAW
Dental Malpractice*
Legal Malpractice*
Medical Malpractice*

PROBATE LAW
Adoptions*
Estate Planning & Trusts*
Guardianship*
Limited Family Partnership*
Mental Health
Power of Attorney
Probate Estate
Will Contest*
Wills

REAL ESTATE & FORECLOSURE LAW
Boundary Disputes
Foreclosure
Homeowners' Associations
Landlord Issues
Liens
Non-Disclosure
Purchase & Sale
Tax Free Exchanges
Tenant Issues
Zoning

TORT & NEGLIGENCE LAW
Assault & Battery
Class Action – Asbestos*
Class Action – Black Lung*
Class Action – Breast Implants*
Class Action – Tobacco Issues*
Class Action Suits – All*
Dog Bites
False Arrest
Libel & Slander
Personal Injury (Defendant)
Personal Injury (Plaintiff)
Product Liability
Property Damage
Slip & Fall Accidents

WRONGFUL DEATH LAW
Wrongful Death*

Areas marked with an asterisk () are not open to attorneys licensed less than two years.*

By completing and signing this application form, the undersigned hereby certifies that the information and representations contained within my Lawyer Referral Service application are accurate. Pursuant to the Ohio Code of Professional Responsibility (DR 2-103) LRIS Regulation 400, I hereby waive the right to privacy granted pursuant to Gov. Bar R.V., Section 11(E) to the extent necessary to permit the Lawyer Referral Service to be informed or inquire as to the existence of any grievance proceeding against me. I further understand that I shall provide written notice to the Lawyer Referral Service of any grievance filed or brought against the undersigned. In joining the Referral Service, I understand that I must use a fee agreement with my referred clients and the acknowledgement of understanding form as prescribed by the Supreme Court.

ATTORNEY CERTIFICATION

I, hereby certify the undersigned in good standing with the Ohio Supreme Court and the Akron Bar Association agree to participate in the Lawyer Referral & Information Service. I certify that I carry malpractice insurance issued by (company) _____ covering the areas I have selected, Policy No. _____ with coverage provided from _____ to _____. I further agree to hold harmless from any claim, any officer, committee member, or Bar staff from any liability in connection with a referral. I have provided to the Referral Committee, along with this application, a copy of that portion of my malpractice application which verifies coverage in my areas of legal practice.

In the event LRIS requires additional information concerning my qualifications, I will furnish it by separate letter which, at my request, will be kept confidential. I consent that my name be classified at the discretion of the LRIS Committee or withdrawn from classification at any time, provided that I may withdraw it at any time upon written notice to the LRIS.

I agree to furnish a one-half hour consultation and collect a \$30.00 fee for any client whom I have been notified is being referred to me unless I am notified that the fee has been waived by the LRIS or paid in advance to the LRIS. If further consultation or legal service is required, I will make a written fee agreement in advance with the referral client concerning the amount of the fee to be paid by the client. On any referral which generates a fee of over \$200.00, I agree to remit 15% of the amount of the fee which I receive that is in excess of \$200.00 to the Akron Bar Association LRIS within ten (10) working days of receiving the fee. I specifically agree that I will not raise the fee I charge to the client above those I normally charge for the same or similar services to offset the fee which I pay to the LRIS. I agree to disclose this fee arrangement with the client within the written fee agreement if I accept a case referred by the LRIS. If co-counsel is engaged, the co-counsel attorney will abide by the percentage fee arrangement, or I will be responsible for the entire fee generated in the engagement.

I further agree that I will keep accurate records of all cases sent from the LRIS to me and properly respond to inquiries by the LRIS office, written or oral, regarding any referrals sent to me. I agree that I will promptly remit all consultation fees and percentage fees to the LRIS. I understand that the brokering of clients or cases referred by the LRIS to me is not permitted under any circumstances. I agree that I will provide each client with a signed copy of the fee agreement which we enter into, along with a signed copy of the Acknowledgement of Understanding form sent to me by the LRIS. I will also provide the LRIS office with a signed copy of the Acknowledgment of Understanding Form.

I understand that if a dispute develops between me and the LRIS regarding the amount of the percentage fee to be remitted to the LRIS for any case, that the fee dispute will be referred to mandatory and binding arbitration as conducted by the Fee Arbitration Committee of the Akron Bar Association. I understand and agree that I am waiving my right to a trial by jury regarding any such fee dispute which may develop between myself (the lawyer) and the LRIS. I further understand and agree that if a dispute should develop between me and the client regarding payment of the attorney fee, I will notify the LRIS in writing of such dispute. The fee dispute will then be turned over to the Fee Arbitration Committee of the Akron Bar Association. If the fee dispute cannot be resolved by the Fee Arbitration Committee, then I understand and agree that I may pursue individual collection action or efforts against the client, pursuant to the Code of Regulations for LRIS.

I understand and agree that violation of any of the above-stated rules may result in my removal from the LRIS. I agree to be bound by the terms of the Akron Bar Association Code of Regulations of the Lawyer Referral Service. I understand and agree that violation of any of the Code of Regulations of the Lawyer Referral Service of the Akron Bar Association may also result in my removal from the LRIS, as further described in the Code of Regulations.

Signature _____

Date _____

Before completing this application, please read the Description & Rules of the Lawyer Referral & Information Service found in the Membership Booklet. A copy of the Code of Regulations is available upon request, and can also be found on the Akron Bar Association website at www.akronbar.org.