

**PLEASE ATTACH COPY OF MALPRACTICE INS. COVERAGE SHEET SHOWING
CURRENT EXPIRATION DATE AND COPY OF YOUR CURRENT BAR CARD**

BRISTOL COUNTY BAR ASSOCIATION
448 COUNTY ST.
NEW BEDFORD, MA 02740
508-990-1303 OR 1-800-647-5151

APPLICATION FOR LAWYER REFERRAL SERVICE (LRS)

1. Name: _____ Phone: _____
 First Middle Last
2. Office address: _____
 Street City Zip code
3. Year of admission to Massachusetts Bar: _____
4. In addition to Massachusetts, in what other state(s) or Federal Courts have you been admitted to practice? _____
5. I am (a member) of the following law firm: _____
(an associate) (cross out one or write none)
6. Foreign language ability: Yes _____ No _____
7. Are you a member of the Bristol County Bar Association? Yes _____ No _____
If no, application will be returned. LRS membership is conditioned upon Bristol County Bar Assoc. membership.
8. Have you been disciplined by the Board of Bar Overseers (BBO) of this state or a disciplinary authority of another jurisdiction? Yes _____ No _____. If yes, please explain briefly in a separate letter. Your correspondence should be addressed to the committee of the Lawyer Referral Service and will be treated as confidential.
9. Unless otherwise contacted, the LRS will list you as experienced and competent to accept referrals in the areas of law checked on the questionnaire. Please contact LRS at 508-990-1303 if you wish to make any inquiries or changes.

LAWYERS REFERRAL SERVICE RULES

- I. Insurance: LRS members are required to carry minimum Professional Liability Coverage of \$100,000.00 / \$300,000.00

Broker's name and address: _____

Name and address of insurance company: _____

Amount of liability coverage: \$ _____ policy #: _____ exp. date: _____

II. LRS dues: There is a non-refundable fee of \$75.00 per year. LRS membership
Is conditioned upon Bristol County Bar Association membership.

III. Reporting: Each member of the LRS must return initial 30-day and 90-day
reports and a final report.

IV. LRS remittance fee to the Association is 10% of the attorney's fee on each referral.

I hereby acknowledge receipt of the LRS Statement of Standards and Rules; agree to abide by
such rules; and solemnly affirm under the penalties of perjury that the foregoing statements and
information on file with the LRS is true.

Signature

Date

Please indicate **five** areas from those listed below in which you desire to receive referrals and in which you have had experience and are competent.

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| <p>1. Administrative Law</p> <p>A. Municipal Agencies _____</p> <p>B. Soc. Sec. Admin.& SSI _____</p> <p>C. Other _____</p> <p>2. Admiralty _____</p> <p>3. Bankruptcy _____</p> <p>4. Contracts</p> <p>A. Drafting _____</p> <p>B. Litigation _____</p> <p>5. Collections</p> <p>A. Creditor _____</p> <p>B. Debtor _____</p> <p>6. Consumer Protection (93A) _____</p> <p>7. Business Law</p> <p>A. Partnerships _____</p> <p>B. For Profit Incorporation _____</p> <p>C. Non-Profit Incorporation _____</p> <p>D. Other (please specify) _____</p> <p>8. Criminal</p> <p>A. District Court _____</p> <p>B. Superior Court _____</p> <p>C. Juvenile Court _____</p> <p>D. Appeals _____</p> <p>9. Education Law</p> <p>A. Chapter 766 _____</p> <p>B. Other (please specify) _____</p> <p>10. Family Law</p> <p>A. Divorce _____</p> <p>B. Adoption _____</p> <p>C. Support & Custody _____</p> <p>D. Other (please specify) _____</p> <p>11. Immigration _____</p> <p>12. Labor Law</p> <p>A. Labor Relations _____</p> <p>B. Employment Termination _____</p> <p>13. Individual Rights & Liberties</p> <p>A. Civil Rights & Liberties _____</p> <p>B. Mental Health Commit.& Defense _____</p> <p>C. Other _____</p> <p>14. Lanlord & Tenant _____</p> <p>15. Patent & Copyright, Trademark</p> <p>A. Patent & Copyright _____</p> <p>B. Trademark _____</p> <p>C. Other (please specify) _____</p> | <p>16. Probate, Wills & Estate</p> <p>A. Wills and Trusts _____</p> <p>B. Estate Planning _____</p> <p>C. Guardianship & Conserv. _____</p> <p>D. Other (please specify) _____</p> <p>17. Real Estate</p> <p>A. Residential Conveyancing _____</p> <p>B. Commercial Conveyancing _____</p> <p>C. Mortgage Foreclosure&Def. _____</p> <p>D. Zoning _____</p> <p>E. Condominiums _____</p> <p>F. Other (please specify) _____</p> <p>18. Taxation</p> <p>A. Personal _____</p> <p>B. Business _____</p> <p>19. Tort</p> <p>A. Personal Injury _____</p> <p>B. Products Liability _____</p> <p>C. Malpractice(Medical) _____</p> <p>D. Malpractice(Legal) _____</p> <p>E. Automobile Tort _____</p> <p>F. Other (please specify) _____</p> <p>20. Workmen's Compensation _____</p> <p>21. Entertainment Law _____</p> <p>22. Military Law _____</p> <p>23. Discrimination</p> <p>A. Employment Discrimination _____</p> <p>B. Discrimination of the Handi. _____</p> <p>C. Housing _____</p> <p>D. Other (please specify) _____</p> <p>24. Areas of special Interest and Experience not covered by above listing: (please specify below) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Other States Admitted to Practice _____</p> <p>_____</p> <p>Other Courts and Bodies Admitted to Practice _____</p> <p>_____</p> <p>_____</p> |
|--|--|

Signature

Date