

# NEW YORK STATE BAR ASSOCIATION

## NYSBA 2023 ATTORNEY APPLICATION FORM LAWYER REFERRAL AND INFORMATION SERVICE

1 Elk Street, Albany, NY 12207 (800) 342-3661 [irs@nysba.org](mailto:irs@nysba.org)



Name \_\_\_\_\_ Date of NY Admission \_\_\_\_\_ NYSBA ID# \_\_\_\_\_

Firm Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_ Website: \_\_\_\_\_

Is your office handicapped accessible? Yes \_\_\_ No \_\_\_ Are you a trial attorney? Yes \_\_\_ No \_\_\_

Do you offer: Evening hours? Yes \_\_\_ No \_\_\_ Home visits? Yes \_\_\_ No \_\_\_ Virtual consults? Yes \_\_\_ No \_\_\_

Languages Spoken: \_\_\_\_\_ Are you willing to take cases outside your county? Yes \_\_\_ No \_\_\_

If so, list County/Counties \_\_\_\_\_

**NOTE: Malpractice insurance in the minimum amount of \$100,000 is required of all participants. Please attach a copy of the policy's declaration page to this application.**

**Areas of Practice, Level I: Please choose no more than TEN areas of practice (boxed areas count as one category)**

<input type="checkbox"/> Adoption <input type="checkbox"/> Agricultural/Farm Law <input type="checkbox"/> Animal Law <input type="checkbox"/> Appeals <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Bankruptcy              ___ Chapter 7              ___ Chapter 11              ___ Chapter 13       </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Civil Rights              ___ Prisoners' Rights/1983 Litigation              ___ LGBTQ Rights       </div> <input type="checkbox"/> Collections <input type="checkbox"/> Consumer Protection <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Contracts              ___ Business Agreements              ___ Home/Builder       </div> <input type="checkbox"/> Corporation Law <input type="checkbox"/> Criminal Law <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Document Preparation              ___ Health Care Proxy              ___ Power of Attorney              ___ Name Change              ___ Living Wills       </div> <input type="checkbox"/> Education Law <input type="checkbox"/> Environmental <input type="checkbox"/> Family Court Law <input type="checkbox"/> Guardianship/Conservatorship <input type="checkbox"/> Immigration & Naturalization	<input type="checkbox"/> Insurance <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Labor Relations              ___ Civil Service              ___ Employment Contracts              ___ Employment Discrimination       </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Landlord/Tenant              <input type="checkbox"/> Just Landlord       </div> <input type="checkbox"/> Legal Malpractice <input type="checkbox"/> Lemon Law <input type="checkbox"/> LGBTQ Rights <input type="checkbox"/> Matrimonial/Divorce <input type="checkbox"/> Municipal <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> *Negligence &amp; Tort-Plaintiff              ___ Negligence &amp;              ___ Tort-Defendant              ___ Court of Claims              ___ Prisoner/Court of Claims       </div> <input type="checkbox"/> Partnership <input type="checkbox"/> Patents, Trademarks & Copyright <input type="checkbox"/> Personal Property <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Real Estate              ___ Closings              ___ Condemnation              ___ Foreclosure              ___ Land Contract              ___ Tax Assessments              ___ Zoning and Land Use       </div> <input type="checkbox"/> Retirement /Pension <input type="checkbox"/> Small Business	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> *Social Security              ___ *SSD              ___ *SSI       </div> <input type="checkbox"/> Taxation <input type="checkbox"/> *Unemployment <input type="checkbox"/> Vehicle & Traffic Law <input type="checkbox"/> *Veterans & Military Law <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Wills              <input type="checkbox"/> Contested Wills       </div> <input type="checkbox"/> *Workers' Compensation  <p>List any other areas of practice you would like to add in which you have experience.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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\* I will give a free consultation for matters referred in these areas of practice.



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### Areas of Practice, Level II:

- Custody:** In the past two years, I have devoted 20% of my practice to custody matters; I have handled 5 custody matters; and I have completed 6 hours of custody-related CLE.
- Elder Law:** In the past two years, I have devoted 20% of my practice to elder law; I have handled 5 elder law matters; and I have completed 6 hours of elder law-related CLE.
- Estates:** In the past two years I have devoted 20% of my practice to estate law; I have handled 5 probate or administration of estate matters to completion; and I have completed 6 hours of estate-related CLE.
- Farm Bankruptcy:** In the past two years I have handled one farm bankruptcy matter to completion and I have completed 6 hours of farm/agricultural-related CLE.
- QDRO's/DRO's:** I have represented clients in at least ten (10) Supreme Court matters in the past five (5) years in which Qualified Domestic Relations Orders/ Domestic Relation Orders were prepared and submitted by the undersigned attorney.

I certify, under penalty of perjury, that I maintain the expertise listed for each area of practice checked above.

Signature \_\_\_\_\_

### Areas of Practice, Level III:

I am interested in applying for the subject matter panel(s) checked below; please send me an application.

- Major Criminal
- Major Personal Injury
- Medical Malpractice

### PANEL AGREEMENT TERMS

I am an attorney currently licensed in New York and registered with the Office of Court Administration. I hereby certify that I maintain the ongoing professional expertise to handle referred matters competently, and I have no disciplinary proceedings pending against me; or, if there is a disciplinary proceeding pending before either a district or department committee, I have attached an explanation on a separate sheet. If there is any change in this status, I agree to notify the LRIS in writing forthwith of same. I agree to serve persons referred to me in accordance with the terms of the LRIS Plan, which I have read. I agree to grant clients referred an initial consultation of one-half hour for no more than \$35, and this fee may be waived by me. I further agree to provide a free initial consultation in those areas of law starred on page one if they are among my chosen areas of practice. **If I am retained by any referred clients, I agree to remit to the LRIS 10% of the entire fee if the fee for any referral case is \$500 or more, exclusive of disbursements. I understand that no percentage fee shall be charged if the fee is less than \$500. I agree that this fee is owed to the LRIS for any referral case including: (1) the initial matter referred and any related transaction, proceeding or action; and (2) any other matter which involves the same client and is undertaken within three years of the date of the referral or the initial retention, whichever last occurs.** Should I decline a referral for any reason, I agree to refer the caller back to the LRIS. I understand that I am responsible for any fees due the LRIS from matters referred to me, even if the same client also is referred to me by one or more other sources. I understand that my obligation to pay the LRIS continues until the matter is closed by the LRIS and/or the LRIS relieves me of my obligation, even if I am discharged by the client and/or the matter is concluded by another attorney, and even if I do not remain an LRIS participant.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Attach Copy of Insurance Declaration Page (Required)