NYSBA 2025 ATTORNEY APPLICATION FORM
LAWYER REFERRAL AND INFORMATION SERVICE
1 ELK ST ALBANY NY 12207 | 1-800-582-2452 | LRS@NYSBA.ORG

Salutation:_____ First Name: _____ Middle Initial: _____ Last Name:_____ Suffix:_____

Phone (primary/public):_____ Phone (secondary):_____ Fax: _____

Email: _____ Email (secondary): _____

Mailing Address:_____ Ste./Fl./Apt._____ City:_____ State:_____ Zip:_____

NY Date of Admittance: ____/___/_____ NY Registration #: _____ Member of NYSBA?: Yes ☐ No ☐ Member ID No.:_____

Firm Name:_____ Website:_____

Languages spoken:_____

Is your office handicap 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 ☐

Albany ☐	Franklin ☐	Oneida ☐	Schuyler ☐
Allegany ☐	Fulton ☐	Onondaga ☐	Seneca ☐
Bronx ☐	Genesee ☐	Ontario ☐	Steuben ☐
Broome ☐	Greene ☐	Orange ☐	Suffolk ☐
Cattaraugus ☐	Hamilton ☐	Orleans ☐	Sullivan ☐
Cayuga ☐	Herkimer ☐	Oswego ☐	Tioga ☐
Chautauqua ☐	Jefferson ☐	Otsego ☐	Tompkins ☐
Chemung ☐	Kings ☐	Putnam ☐	Ulster ☐
Chenango ☐	Lewis ☐	Queens ☐	Warren ☐
Clinton ☐	Livingston ☐	Rensselaer ☐	Washington ☐
Columbia ☐	Madison ☐	Richmond ☐	Wayne ☐
Cortland ☐	Monroe ☐	Rockland ☐	Westchester ☐
Delaware ☐	Montgomery ☐	St. Lawrence ☐	Wyoming ☐
Dutchess ☐	Nassau ☐	Saratoga ☐	Yates ☐
Erie ☐	New York ☐	Schenectady ☐	**ALL COUNTIES** ☐
Essex ☐	Niagara ☐	Schoharie ☐	

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:**_____

➢ Please check the box next to any area of law you offer consultation on.

Areas of Practice, Level I:

☐ **Administrative Law**
☐ Elections
☐ Government
☐ Transportation
☐ Water

☐ **Admiralty & Maritime**
☐ **Agriculture**
☐ **Animal Law**
☐ **Arbitration**
☐ **Aviation**

☐ **Business & Corporate**
☐ Antitrust & Trade Regulation
☐ Banking & Finance
☐ Bankruptcy
☐ Chapter 11 Bankruptcy
☐ Chapter 13 Bankruptcy
☐ Chapter 7 Bankruptcy
☐ Commercial
☐ Contracts
☐ Franchising
☐ Government Contracts
☐ Insurance
☐ Mergers & Acquisitions
☐ Non-profit & Social Enterprise
☐ Securities
☐ Taxation
☐ Telecommunications
☐ Trade Dress

☐ **Civil Law**
☐ Appeals
☐ Civil Rights
☐ Class Action
☐ Defamation
☐ Disability Rights
☐ Harassment
☐ Legal Malpractice
☐ LGBTQ rights
☐ Libel & Slander
☐ Litigation
☐ Mass Torts
☐ Medical Malpractice
☐ Privacy
☐ Product Liability
☐ Professional Malpractice
☐ Social Security (SSDI)
☐ Torts

☐ **Constitutional**
☐ **Construction**

☐ **Consumer/Debt**
☐ Consumer
☐ Debt Collection
☐ Lemon Law

☐ **Criminal**
☐ DUI/DWI
☐ Expungement
☐ Federal Crimes
☐ Fraud
☐ Sex Crimes
☐ Sexual Harassment
☐ Traffic Violation

☐ **Education**

☐ **Elder Law**
☐ Medicaid & Medicare
☐ Power of Attorney
☐ Wills & Living Wills
☐ Probate
☐ Trusts & Estates

☐ **Entertainment, Arts, & Sports**
☐ Entertainment
☐ Gaming
☐ Sports

☐ **Environmental & Energy Law**
☐ Environmental
☐ Energy & Utilities
☐ Natural Resources
☐ Public Utilities

☐ **Family Law**
☐ Adoption
☐ Child Abuse & Neglect
☐ Child Support
☐ Custody
☐ Divorce & Separation (contested – uncontested)
☐ Domestic Abuse & Violence
☐ Guardianship (child – adult)
☐ Juvenile
☐ Marriage & Prenuptials

☐ **Healthcare**
☐ **Indian & Native Populations**

☐ **Intellectual Property**
☐ Copyright
☐ Intellectual Property
☐ Patent
☐ Trade Secrets
☐ Trademark

☐ **Immigration**
☐ Asylum
☐ Citizenship
☐ Deportation

☐ **International**

☐ **Internet & Media**
☐ Internet
☐ Media

☐ **Labor & Employment**
☐ Discrimination
☐ Employee Benefits
☐ ERISA
☐ Wrongful Discharge
☐ Pension & Profit Sharing
☐ Retaliation
☐ Severance Agreements

☐ **Mediation**
☐ Mediation- Divorce
☐ Mediation- Other

☐ **Military**

☐ **Personal Injury**
☐ Slip & Fall Accidents
☐ Workers Compensation
☐ Wrongful Death

☐ **Real Property**
☐ Foreclosure
☐ Land Use & Zoning
☐ Landlord-tenant (landlord – tenant)

Other?:

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Notes:

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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.

Signed:_____ **Date:**_____

…

NOTE: Malpractice insurance in the minimum amount of $100,000 is required of all participants.

- ***Please attach a copy of the insurance policy's declaration page to this application.***

INSURANCE DETAILS:

Company:_____

Amount (per claim):_____

Date of Expiry:_____

□ **Attached Copy of Insurance Declaration Page (Required)**

ONLY FILL OUT THE REMAINDER OF PACKET IF YOU WISH TO ENROLL IN LEVEL III

Areas of Practice, Level III:

I am interested in applying for the subject matter panel(s) checked below.

□ Major Criminal (pgs. 4-6)
□ Major Personal Injury (pgs. 7-10)
□ Medical Malpractice (pgs. 11-14)

-Please type or print-

SUBJECT MATTER REQUIREMENTS & APPLICATION and QUALIFICATION STATEMENT for the MAJOR CRIMINAL PANEL

I hereby apply for membership on the NYSBA LAWYER REFERRAL & INFORMATION SERVICE MAJOR CRIMINAL PANEL and wish to receive referrals therefore.

In order to be referred matters on the Major Criminal Panel, an attorney must have fully prepared for trial, including all appropriate pre-trial motions, or tried to jury verdict, at least three New York "C" Felony or above cases; any violent felony; any felony where the accused may be classified as a predicate felon; or, a persistent felony offender in the last five years. In addition, the attorney hereby certifies that at least 20% of his or her practice within the past five years involves criminal law. This application must be approved by the Committee on Lawyer Referral Services. Other experience may qualify in lieu thereof and may be included with this Major Criminal Panel Application. A current resume would be useful to the Committee.

…

Describe relevant CLE programs you attended in this field of law (i.e. title, sponsor, hours), or other methods of keeping current, in the past two years:

_____
_____
_____
_____
_____

CASE #1

Identification: People of the State of NY v. _____

Indictment Number _____County _____

Charge:

_____
_____
_____
_____

Description of work completed:

_____
_____
_____
_____
_____
_____
_____

Plea or Verdict (Please describe):

_____
_____
_____

Judge _____ District Attorney:_____

CASE #2

Identification: People of the State of NY v. _____

Indictment Number _____County _____

Charge:

_____

_____

_____

_____

Description of work completed:

_____

_____

_____

_____

_____

_____

_____

Plea or Verdict (Please describe):

_____

_____

_____

Judge _____ District Attorney:_____

CASE #3

Identification: People of the State of NY v. _____

Indictment Number _____County _____

Charge

_____

_____

_____

_____

Description of work completed:

_____

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_____

Plea or Verdict (Please describe):

_____

_____

_____

Judge _____ District Attorney:_____

Description of other experience submitted in lieu of the above requirements as follows (use separate sheet of paper, if necessary):

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I submit the above information in support of my application for membership on the Major Criminal Panel of the NYSBA Lawyer Referral & Information Service. I agree to cooperate with the Committee on Lawyer Referral Services in facilitating reasonable verification thereof and in otherwise reviewing my qualifications for the Major Criminal Panel. I have read and I am familiar with the LRIS Rules and agree to abide by them. 1 further understand that a 10% referral fee is due on all fees, excluding disbursements, of $500 or more resulting from a referral on this Panel. If for any reason I do not proceed with a refcn-ed case myself, I shall refer the case to the LRIS for another referral.

I have full responsibility for all matters listed on this application. [ ] Yes [ ] No

If no, please explain:

_____
_____

- I affirm that the foregoing is true and correct.

Executed at _____ , New York on the ____ day of _____ , 20_____.

Signature: _____

Continued membership on this panel is subject to annual application being submitted in conjunction with the annual membership on the LRIS panel.

SUBJECT MATTER REQUIREMENTS & APPLICATION and QUALIFICATION STATEMENT for the MAJOR PERSONAL INJURY PANEL

I hereby apply for membership on the NYSBA LAWYER REFERRAL & INFORMATION SERVICE MAJOR PERSONAL INJURY PANEL and wish to receive referrals therefor.

In order to be referred matters on the Major Personal Injury Panel, an attorney must have fully prepared for trial, including all discovery, or tried to jury verdict, at least five personal injury cases in the last five years. In addition, the attorney hereby certifies that at least 20% of his or her practice **within the past five years** involves negligence-related claims. This application must be approved by the Committee on Lawyer Referral Services. Other experience may qualify in lieu thereof, and may be included with this Major Personal Injury Panel Application. A current resume would be useful to the Committee.

…

Describe relevant CLE programs you attended in this field of law (i.e. title, sponsor, hours), or other methods of keeping current, in the past two years:

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CASE #1

Identification (Name of Client, Title of Case) _____
Index #, including year: _____ RJI #:_____Court:_____ County:_____
Description of Injury:

_____
_____
_____
_____

Description of work completed:

_____
_____
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_____
_____
_____

Month & Year of Completion of Case:_____

Amount of Settlement or Verdict:

_____
_____

Judge:_____ Opposing Counsel:_____

CASE #2

Identification (Name of Client, Title of Case) _____
Index #, including year: _____ RJI #:_____Court:_____ County:_____
Description of Injury:

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_____
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Description of work completed:

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Month & Year of Completion of Case:_____

Amount of Settlement or Verdict:

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_____

Judge:_____ Opposing Counsel:_____

CASE #3

Identification (Name of Client, Title of Case) _____
Index #, including year: _____ RJI #:_____Court:_____ County:_____
Description of Injury:

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_____
_____
_____

Description of work completed:

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_____

Month & Year of Completion of Case:_____

Amount of Settlement or Verdict:

_____
_____

Judge:_____ Opposing Counsel:_____

CASE #4

Identification (Name of Client, Title of Case) _____
Index #, including year: _____ RJI #:_____Court:_____ County:_____
Description of Injury:

_____
_____
_____
_____

Description of work completed:

_____
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_____

Month & Year of Completion of Case:_____

Amount of Settlement or Verdict:

_____
_____

Judge:_____ Opposing Counsel:_____

CASE #5

Identification (Name of Client, Title of Case) _____
Index #, including year: _____ RJI #:_____Court:_____ County:_____
Description of Injury:

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_____
_____

Description of work completed:

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_____

Month & Year of Completion of Case:_____

Amount of Settlement or Verdict:

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Judge:_____ Opposing Counsel:_____

Description of other experience submitted in lieu of the above requirements as follows (use separate sheet of paper, if necessary):

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I submit the above information in support of my application for membership on the Major Personal Injury Panel of the NYSBA Lawyer Referral & Information Service. I agree to cooperate with the Committee on Lawyer Referral Services in facilitating reasonable verification thereof and in otherwise reviewing my qualifications for the Major Personal Injury Panel. I have read and I am familiar with the LRIS Rules and agree to abide by them. I further understand that a 10% referral fee is due on all fees, excluding disbursements, of $500 or more resulting from a referral on this Panel. If for any reason I do not proceed with a referred case myself, I shall refer the case to the LRIS for another referral.

I have full responsibility for all matters listed on this application. [ ] Yes [ ] No

If no, please explain:

_____
_____

- I affirm that the foregoing is true and correct.

Executed at _____ , New York on the ____ day of _____ , 20_____.

Signature: _____

Continued membership on this panel is subject to annual application being submitted in conjunction with the annual membership on the LRIS panel.

SUBJECT MATTER REQUIREMENTS & APPLICATION and QUALIFICATION STATEMENT for the MEDICAL MALPRACTICE PANEL

I hereby apply for membership on the NYSBA LAWYER REFERRAL & INFORMATION SERVICE MEDICAL MALPRACTICE PANEL and wish to receive referrals therefor.

In order to be referred matters on the Medical Malpractice Panel, an attorney must have fully prepared for trial, including all discovery, or tried to jury verdict, at least five personal injury cases including two medical malpractice cases in the last five years. In addition, the attorney hereby certifies that at least 20% of his or her practice **within the past five years** involves negligence-related claims. This application must be approved by the Committee on Lawyer Referral Services. Other experience may qualify in lieu thereof, and may be included with this Medical Malpractice Panel Application. A current resume would be useful to the Committee.

Describe relevant CLE programs you attended in this field of law (i.e. title, sponsor, hours), or other methods of keeping current, in the past two years:

_____
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CASE #1

Identification (Name of Client, Title of Case) _____
Index #, including year: _____ RJI #:_____Court:_____ County:_____
Description of Injury:

_____
_____
_____
_____

Description of work completed:

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Month & Year of Completion of Case:_____

Amount of Settlement or Verdict:

_____
_____

Judge:_____ Opposing Counsel:_____

CASE #2

Identification (Name of Client, Title of Case) _____
Index #, including year: _____ RJI #:_____Court:_____ County:_____
Description of Injury:

_____
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_____
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Description of work completed:

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Month & Year of Completion of Case:_____

Amount of Settlement or Verdict:

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_____

Judge:_____ Opposing Counsel:_____

CASE #3

Identification (Name of Client, Title of Case) _____
Index #, including year: _____ RJI #:_____Court:_____ County:_____
Description of Injury:

_____
_____
_____
_____

Description of work completed:

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Month & Year of Completion of Case:_____

Amount of Settlement or Verdict:

_____
_____

Judge:_____ Opposing Counsel:_____

CASE #4

Identification (Name of Client, Title of Case) _____
Index #, including year: _____ RJI #:_____Court:_____ County:_____
Description of Injury:

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Description of work completed:

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Month & Year of Completion of Case:_____

Amount of Settlement or Verdict:

_____
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Judge:_____ Opposing Counsel:_____

CASE #5

Identification (Name of Client, Title of Case) _____
Index #, including year: _____ RJI #:_____Court:_____ County:_____
Description of Injury:

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_____
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Description of work completed:

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Month & Year of Completion of Case:_____

Amount of Settlement or Verdict:

_____

Judge:_____ Opposing Counsel:_____

Description of other experience submitted in lieu of the above requirements as follows (use separate sheet of paper, if necessary):

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I submit the above information in support of my application for membership on the Medical Malpractice Panel of the NYSBA Lawyer Referral & Information Service. I agree to cooperate with the Committee on Lawyer Referral Services in facilitating reasonable verification thereof and in otherwise reviewing my qualifications for the Medical Malpractice Panel. I have read and I am familiar with the LRIS Rules and agree to abide by them. I further understand that a 10% referral fee is due on all fees, excluding disbursements, of $500 or more resulting from a referral on this Panel. If for any reason I do not proceed with a referred case myself, I shall refer the case to the LRIS for another referral.

I have full responsibility for all matters listed on this application. [ ] Yes [ ] No

If no, please explain:

_____
_____

- I affirm that the foregoing is true and correct.

Executed at _____ , New York on the ____ day of _____ , 20_____.

Signature: _____

Continued membership on this panel is subject to annual application being submitted in conjunction with the annual membership on the LRIS panel.