



LAWYER REFERRAL SERVICE APPLICATION

PART A- PERSONAL BACKGROUND

FULL NAME:
DATE OF BIRTH:
Maiden name or other names by which known:
FIRM NAME:
BUSINESS ADDRESS:
PHONE:
FAX:
EMAIL:

DATE ADMITTED TO PRACTICE LAW IN ILLINOIS:			
MONTH	YEAR		
ILLINOIS ATTORNEY REGISTRATION NUMBER:			
ADMITTED TO NORTHERN DISTRICT OF ILLINOIS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DATE:			
ADMITTED TO FEDERAL TRIAL BAR?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE:
ADMITTED TO PRACTICE IN ANOTHER STATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, WHICH STATE (S):			
REGISTRATION NUMBER:			
FOREIGN LANGUAGES SPOKEN:			
COUNTIES OTHER THAN LAKE IN WHICH I PRACTICE:			

PART B- INSURANCE INFORMATION

NAME OF MALPRACTICE CARRIER:
POLICY NUMBER:
EXPIRATION DATE:
AMOUNT OF COVERAGE:
DEDUCTIBLE:

***Attach hereto a copy of the declaration/cover page of your malpractice insurance policy.**

***Attach hereto a copy of your most recent application made for your malpractice insurance company.**

FOR OFFICE USE ONLY:
Associates _____ Website _____ Insurance _____ Billing _____
X _____ Application Approved By: _____ Date _____

PART C- PROFESSIONAL AND OCCUPATIONAL BACKGROUND

HOW LONG HAVE YOU PRACTICED LAW IN ILLINOIS?
HOW LONG HAVE YOU PRACTICED LAW IN LAKE COUNTY?
INDICATE THE APPROXIMATE PERCENTAGE OF YOUR TIME IN THE PAST FIVE YEARS DEVOTED TO THE FOLLOWING TYPES OF PRACTICE. (TOTAL SHOULD EQUAL 100%)
ADMINISTRATIVE LAW APPELLATE
COMMERCIAL LAW
CONSUMER LAW
CRIMINAL LAW
EMPLOYMENT LAW
ENVIRONMENTAL LAW/LAND USE
FAMILY LAW
PERSONAL INJURY/PROPERTY DAMAGE
REAL ESTATE
WILLS/TRUSTS/PROBATE/ESTATES

TRIAL EXPERIENCE

Please state as to the past five years the number of:

AS LEAD TRIAL COUNSEL: CIVIL CRIMINAL

CASES STARTED BUT WHICH DID NOT GO TO VERDICT/JUDGEMENT

CIVIL CRIMINAL

AS COUNSEL ASSISTING AT TRIAL: **CASES TO VERDICT/JUDGEMENT**

CIVIL CRIMINAL

CASES STARTED BUT WHICH DID NOT GO TO VERDICT/JUDGEMENT

CIVIL CRIMINAL

IF YOU HAVE PERSONALLY TRIED JURY CASES PRIOR TO THE LAST FIVE YEARS, STATE THE NUMBER OF SUCH TRIALS WHICH WENT TO VERDICT:

CIVIL CRIMINAL

PLEASE DESCRIBE ANY OTHER SIGNIFICANT LITIGATION OR TRANSACTIONAL EXPERIENCE, WHICH YOU HAVE HAD:

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APPELLATE PRACTICE:

HOW MANY CASES HAVE YOU PERSONALLY HANDLED AS PRINCIPAL COUNSEL ON APPEAL:

HOW MANY CASES ON APPEAL HAVE YOU PERSONALLY HANDLED IN PART:

BAR ASSOCIATIONS AND ACTIVITIES

List all national, state, local specialties, honorary and other bar association or other legal societies to which you have belonged. State as to each committee membership and other activity; offices held, whether you are now a member in good standing and if not, why?

List all seminars, symposia, lectures, or legal meetings in the nature of continuing legal education, which you have attended in the past year stating as to each: date, place, sponsoring organizations, and subject(s).

State the nature of your employment for the past five years, including name and address of employers, your status (solo, partner, associate or organizational title), date of employment and types of legal matters handled by you during said employment.

PART D-PROFESSIONAL AND PERSONAL CONDUCT

Has your license or right before or in any state, court, agency, or other tribunal ever been denied or suspended? YES NO

If so, state the facts and circumstances fully (continue on a separate attachment if necessary.)

Has you ever been formally censured, adjudged, or held contempt or otherwise disciplined by any judge, court, agency, or the ARDC? YES NO

If so, state the facts and circumstances fully (continue on a separate attachment if necessary.)

Have you ever been or, to your knowledge, are you not the subject of any investigation by any federal or state authority? YES NO

If yes, supply on the facts and circumstances of each such investigations (continue on a separate attachment if necessary.)

Have you ever been sued by a client? YES NO

If so, state fully the facts and circumstances; the court and case number; names, addresses and phone numbers of your attorney and all other counsel; and the disposition of the matter (use separate attachments.)

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PART E – PERSONAL AND ADVERSARY REFERNECES

Give the names and current phone numbers of at least two (2), but no more then five (5) attorneys (not associated with you in the practice of law) who have knowledge regarding our character and ability, and state how long each has known you. *(Any personal references must have adequate opportunities for observing your professional and general conduct and ability.)*

NAME	PHONE	PERIOD OF AQUAINTANCE

Give the names and current phone numbers of five (5) attorneys who have represented adverse positions in matters handled by you in the past five years.

NAME	PHONE

PART F - AREAS OF REFERRAL

You may select one (1)* panel as indicated in bold type on the following pages and in which you certify you are competent to practice. **(Please circle the PANEL heading. OMIT any case types under that panel in which you DO NOT want to receive referrals). (All referrals must be handled by you or another participating attorney).**

Your first initial panel selection is \$125.00 all additional panel selections are \$50.00 each. You will be billed upon approval of your application.

***ADMINISTRATIVE LAW**

- Social Securities
- Veterans Benefits
- Welfare Law/Public Aid
- Immigration/Naturalization
- Federal & State Income Tax Enforcement
- School Law/Special Education
- Municipal Law
- Disability
- Military
- Pension Law

***APPELLATE**

- Criminal Appeals
- Civil Appeals

***COMMERCIAL LAW**

- Collections
- Business Formation
- Securities
- SBA Applications
- Farm Bankruptcy
- Loans/Installment Purchase (other than collection)
- Contract Formation/Litigation
- Intellectual Property Litigation
- Trademark/ Copyright
- Patent
- Franchise
- Insurance
- ERISA/Retirement Plans

***CONSUMER LAW**

- Collections
- Contracts
- Business Bankruptcy
- Debtor Relief
- Loan/Installment Purchase (other than collection)
- Small Claims
- Insurance
- Lemon Law/Auto Purchases
- Product Warranties

***CRIMINAL LAW**

- D.C.F.S.
- D.U.I.
- Felony
- Military
- Misdemeanor
- Post Conviction Petitions
- Prisoner Rights
- Juvenile Delinquent
- Re-instatement of Driving Privileges/Secretary of State
- Traffic

***EMPLOYMENT LAW**

- Americans with Disabilities Act
- Work Condition Violations
- Race, Sex & Age Discrimination/Sexual Harassment (Job Discrimination)
- Wrongful Discharge
- Unemployment Compensation
- Labor Law

***ENVIRONMENTAL LAW/LAND USE**

- Zoning

***FAMILY LAW**

- Adoption
- Custody/Visitation
- Domestic Violence
- Dissolution/Separation/Annulment
- Emancipation
- Name Change
- Parental Rights
- Paternity
- Support
- Post Divorce Enforcement
- Juvenile (neglect/abuse)

***PERSONAL INJURY/PROPERTY DAMAGE**

- Negligence (auto accidents, premises liability, dram shop actions, etc.)
- Property Damage & Recovery -
- Construction Injuries
- Product Liability
- Malpractice Medical
- Malpractice - Professional other than Medical
- Workers' Compensation - State
- Workers' Compensation - Federal
- Intentional Torts (Battery, Libel, Slander, et. al.)

***REAL ESTATE**

- Deed of Trust or Mortgage
- Preparation of Leases
- Purchase/Sales of Residential Property
- Purchase/Sales of Business Property
- Landlord/Tenant
- Foreclosure or Defense
- Federally Subsidized Housing
- Tenant, Condominium/Homeowners Association
- Mechanic's Lien
- Tax Assessment

***WILLS /ESTATE/PROBATE/WILLS & TRUST**

- Estate Planning/Wills & Trusts Probate
- Guardianship
- Physically Disabled Rights
- Mental Health Law
- Simple Wills/Trusts/Living Wills/Power of Attorney
- Tax Return Preparation
- Elder Law

PART G - AGREEMENT & CERTIFICATION
(CAREFULLY READ THE FOLLOWING BEFORE SIGNING)
LAKE COUNTY BAR ASSOCIATION LAWYER REFERRAL SERVICE

AGREEMENT & CERTIFICATION

I hereby apply for registration as a panel attorney of the Lawyer Referral Service of The Bar Association of Lake County. I certify that I am a member of the Lake County Bar Association in good standing *and am* engaged in the active practice of law; that I am familiar with the Rules Governing the Service and will abide by such rules and by all such rules which may be promulgated by the Association, and agree to be bound thereby; that so long as I shall continue registered under the Service I will pay the Association each year on or before the date due, the annual registration fee, that I recognize the Service as a means and opportunity whereby the legal profession can render service to the public, and, accordingly, agree to set all fees for matters referred to me in accordance with the client's ability to pay, regardless of-whether such fee is full compensation for the time and effort necessary to give the client a high standard of counsel and representation.

Further, I agree that any referrals made by the Association to me will either be handled personally by me or will be referred by me to another participating Lawyer Referral Service attorney for handling.

I further certify that I have the experience and competency to handle referrals in those areas of law that I have indicated previously on my application and that I have engaged substantially in the practice of law in those areas of practice indicated by me on my Application.

DATE

SIGNATURE

**PLEASE REMEMBER TO ATTACH A COPY OF YOUR
LIABILITY INSURANCE TO THIS APPLICATION**

**DO NOT SEND YOUR PAYMENT WITH YOUR APPLICATION
YOUR DUES WILL BE PRO-RATED ONCE YOUR
APPLICATION IS APPROVED**

If you have any questions regarding this application please contact Melissa in the LCBA office at 847-244-3143.