

MASSACHUSETTS BAR ASSOCIATION
LAWYER REFERRAL SERVICE

New Member Application
Attorney Case Assignment Criteria
2012–2013

Please fill out the form below, list your practice areas on page ii of this application, review the Rules of the Lawyer Referral Service on page iii, and sign and date the application. Return this form, your payment and Certificate of Insurance to:

**Massachusetts Bar Association
Lawyer Referral Service
20 West St., Boston, MA 02111-1204**

Questions? Call the MBA Lawyer Referral Service at (617) 338-0556 or e-mail LRS@MassBar.org. *Please print or type.*

MBA membership #: _____

Mr./Ms.: _____

Firm: _____

Address: _____

Firm size: _____

County: _____

Daytime phone: _____

Fax number: _____

E-mail address: _____

Check if you wish to have your e-mail address given to callers at time of referral.

Year admitted to any bar: _____

*Insurance amount: _____

Expiration date: _____

Carrier: _____

**Please submit a certificate of insurance.*

How did you learn about the LRS? _____

If you do not wish to have information regarding your insurance shared with the MBA Insurance Agency Inc., check this box.

DUES PAYMENT. CHECK ONE BOX.

I wish to join the LRS. I have been admitted to the bar for five years or less and I am enclosing my nonrefundable dues payment of \$100.

I wish to join the LRS. I have been admitted to the bar for more than five years and I am enclosing my nonrefundable dues payment of \$150.

Make check payable to: Massachusetts Bar Association/LRS

Credit card payment:

| | | | | | | | | | |
|-------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> MC | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> VISA | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> AMEX | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Signature: _____ Exp: _____

ATTORNEY CASE ASSIGNMENT CRITERIA

Refer to the “Defining Your LRS Listing” section on page 18 of this handbook and select up to 36 areas of practice codes for your LRS record. You may also place up to four codes in each of the following: jurisdiction, language and other states.

Be sure to list only those areas in which you are competent and either experienced or trained.

PRACTICE CODES:

| | | | |
|----------|-----------|-----------|-----------|
| 1. _____ | 10. _____ | 19. _____ | 28. _____ |
| 2. _____ | 11. _____ | 20. _____ | 29. _____ |
| 3. _____ | 12. _____ | 21. _____ | 30. _____ |
| 4. _____ | 13. _____ | 22. _____ | 31. _____ |
| 5. _____ | 14. _____ | 23. _____ | 32. _____ |
| 6. _____ | 15. _____ | 24. _____ | 33. _____ |
| 7. _____ | 16. _____ | 25. _____ | 34. _____ |
| 8. _____ | 17. _____ | 26. _____ | 35. _____ |
| 9. _____ | 18. _____ | 27. _____ | 36. _____ |

STATE CODES:

LANGUAGE CODES:

COURT/AGENCY CODES:

CHECK IF YOU WISH TO RECEIVE:

- Reduced-fee referrals in addition to your regular fee referrals
- Information about volunteer opportunities
- Small claim referrals (*see page 17*)
- LRS calls forwarded to your office via file Call Transfer Program
- Limited assistance representation referrals in family law matters

ACCEPTANCE OF LRS RULES

1. **LRS Rules:** I hereby acknowledge review of the LRS Statement of Standards and Rules. I agree to comply with the rules and affirm that the foregoing statements and information on file with the LRS are true and complete.
2. **Competence:** I hereby certify that in accordance with Section X of the LRS Statement of Standards and Rules, I am competent and either experienced or trained in the referral areas selected at left. I also acknowledge that I am aware of the MBA's Mentor Program for conferences with more experienced attorneys as needed.
3. **Insurance:** I acknowledge that I am required to carry, and therefore do carry, minimum professional liability coverage of \$250,000/\$500,000. **A Certificate of Insurance is attached naming the MBA/LRS as the certificate holder (*see request form on page 46*).** I further agree to notify the LRS immediately if this policy is terminated or coverage is reduced during the period of LRS participation. I further agree to carry the required professional liability coverage if and when I am no longer an LRS panel member but still have active cases that were referred during my participation with the LRS program.
4. **Disciplinary Action:** I acknowledge that I am a member in good standing of the bar, that I have never been disciplined publicly or privately by the Board of Bar Overseers (BBO) or any other disciplinary authority in this or any other jurisdiction, and that I have complied with the registration requirements of the BBO. **If there has been any such discipline, check box, briefly explain in a separate letter, and include the BBO Summary of Complaint.**
5. **Fees:** I am aware that the LRS strongly encourages the use of written fee agreements. For MBA written fee agreement order forms, see page 31. (*See Rule 4.1(e) regarding resolution of fee disputes.*)
6. **Dues:** I have remitted my annual **nonrefundable** LRS dues. (The dues are assessed at \$150 if admitted more than five years or \$100 if five years or less.) I am aware that renewal dues are assessed at the beginning of each fiscal year (April 1–March 31) and are not prorated.
7. **Referral Fee:** I acknowledge an obligation to contribute to the LRS 15 percent of the full collected net fee (i.e., after deduction of any unreimbursed expenses and disbursements). There is no fee con-

tribution required when the referral is on a reduced-fee basis. Fee remittances are due to the LRS no later than thirty (30) days after receipt, by the LRS panel member, of the collected net legal fees.

8. **Reporting:** I acknowledge that I must return 30-day and final reports on all referred matters. Referral fees may be returned as the fee is collected but no later than the return of the final notice.
9. **Indemnification:** I hereby waive any and all claims against the Massachusetts Bar Association (hereinafter referred to as “MBA”), the MBA’s Lawyer Referral Service Committee and all subcommittees, MBA officers, MBA members and MBA employees for any loss or liability arising out of a referral to me and/or my handling of a referral. I also agree to indemnify the MBA from any and all claims, losses and liability, including attorney’s fees arising from my negligence in handling any referral made by or through the MBA Lawyer Referral Service.

WAIVERS

Limited-Assistance Representation Referrals

My signature on this application/renewal invoice confirms I have been certified to accept limited assistance representation referrals for family law matters.

LRS Application — Veteran Matters

In order to receive referrals for (ADVB) Administrative — Veteran Benefit matters, you must be accredited as an attorney through the U.S. Department of Veterans Affairs. If you have complied with the accreditation processes/procedures and have received your accreditation, please sign and date the below signature line.

- I hereby authorize the Board of Bar Overseers (BBO) to release any and all information to the LRS regarding any disciplinary proceedings that have been commenced against me by the BBO within the past five years. This does not include complaints that have not resulted in the commencement of disciplinary proceedings. I understand that applicants who have been disciplined within the past five years and not reviewed by the LRS Committee will not be accepted until after a satisfactory review by the Committee. Current panelists who are disciplined will be suspended until after a favorable review by the LRS Committee.

I have read and will comply with the above rules. Subscribed and sworn under the penalties of law.

Read and signed ▲

Date ▲

BBO# ▲

Print name ▲