

# Franklin County Lawyer Referral Service

---

Franklin County Bar Association, Inc.  
20 Federal Street, Suite 4 ~ Greenfield, Massachusetts 01301  
Phone (413) 773-9839 ~ Fax (413) 774-2994

## Lawyer Referral Service Application September 2017 - August 2018

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
2. Office Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
3. Are you a current member of the Franklin County Bar Association (FCBA)? Yes \_\_\_ No \_\_\_. If no, the application will be returned. Lawyer Referral Service (LRS) membership is conditioned upon FCBA membership. Applications for FCBA and LRS can be submitted together. (Separate checks please).
4. Year of admission to Massachusetts Bar: \_\_\_\_\_
5. In addition to Massachusetts, in what other state(s) or Federal courts have you been admitted to practice?  
\_\_\_\_\_
6. I am (a member of) (associated with) the following law firm: \_\_\_\_\_
7. Have you ever been disciplined by the Board of 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 Lawyer Referral Service and will be treated as confidential.
8. Foreign language ability? Specify: \_\_\_\_\_
9. All LRS members must complete a Preference Listing Form. The Steering Committee will review and determine categories listed, based on experience and competence. You will be notified if any of your requested categories are not approved. Contact LRS if you wish to make any inquiry or changes.
10. LRS dues: There is a non-returnable fee of \$40 per year. Please make your check payable to: Franklin County Lawyer Referral Service.
11. Fee remittance: To defray the operating costs of LRS, each LRS member will remit payment, equal to ten percent (10%) of each fee \$100 and over, received from any matter referred. Remittance is 10% of entire fee, \$100 and over. Remittance will be made within 30 days of a request by FCBA for payment, to the FCBA Lawyer Referral Service.
12. Reporting: Each member of the LRS must return all report forms as requested.
13. Contract: Each member must execute and return the signed Franklin County Bar Association LRS Agreement.

**LRS PREFERENCE LIST**

Please indicate up to five (5) areas in which you are experienced and competent from those listed below to receive referrals.

- |   |  |
|---|--|
| 1. Administrative Law, Municipal                                      | 15. Environmental Law                      |
| 2. Administrative Law, State  | 16. Land Use and Zoning                    |
| 3. Bankruptcy   | 17. Landlord and Tenant                    |
| 4. Business Law and Corporations                                      | 18. Malpractice                            |
| 5. Civil Rights and Liberties   | 19. Mental Health                          |
| 6. Collections-Defendant  | 20. Patent, Copyright, Trademark           |
| 7. Collections-Plaintiff  | 21. Personal Injury, Auto Accidents        |
| 8. Consumer Protections (93A)   | 22. Probate, Trust, Wills and Estates      |
| 9. Contracts  | 23. Products Liability                     |
| 10. Criminal (Adult and Juvenile)                                     | 24. Real Estate                            |
| 11. Discrimination  | 25. Social Security Administration and SSI |
| 12. Divorce, Family Law (Please indicate if<br>You are LAR Certified) | 26. Taxation                               |
| 13. Education Law   | 27. Unemployment                           |
| 14. Employment Law  | 28. Workers Compensation                   |

Areas of Interest: (Please be as explicit as possible in defining areas.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

14. Insurance: LRS members are required to carry minimum Professional Liability coverage in the amount of \$100,000/\$300,000.

Broker's name and address: \_\_\_\_\_

Name and address of insurance company: \_\_\_\_\_

Amount of liability coverage: \_\_\_\_\_

Policy number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Please submit:** 1} Completed application; 2} \$40 application fee; 3} LRS Agreement; 4} Declaration page of malpractice insurance to: Franklin County Lawyer Referral Service, 20 Federal Street, Suite 4, Greenfield, 01301. If applying for the first time, include a Resume. Check here if you need a copy of the LRS Statement of Standards and Rules. \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Franklin County Lawyer Referral Service

Franklin County Bar Association, Inc., 20 Federal Street, Suite 4 ~ Greenfield, Massachusetts 01301  
Phone (413) 773-9839 ~ Fax (413) 774-2994 ~ E-mail fcbar@franklincountybar.org

### Lawyer Referral Service Agreement September 1, 2017 – August 31, 2018

#### Acceptance of Rules

1. **LRS Rules:** I hereby acknowledge that I have reviewed the LRS Statement of Standards and Rules. I agree to comply with the Rules and affirm that the 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, I am competent and experienced in the referral areas selected on the Application. I agree to hold the Franklin County Bar Association harmless from any and all claims arising out of representation of clients referred by LRS.
3. **Insurance:** I acknowledge that I am required to carry and therefore do carry minimum Professional Liability coverage of \$100,000/\$300,000. A copy of the current declaration page, with expiration date, has been submitted with the LRS application. I further agree to notify LRS immediately if this policy is terminated or coverage is reduced during the period of the LRS participation.
4. **Disciplinary Action:** I acknowledge that I am a member in good standing of the Bar. I have never been disciplined by the Board of Bar Overseers or any other disciplinary authority in this or any other jurisdiction. I have complied with the registration requirements of the Board of Bar Overseers. If there has been any such discipline, a letter is submitted with my application.
5. **Fees:** I will abide by SJC Rule 3:07 on the use of written fee agreements. (Please see Section 4.3 d. of the Statement of Standards regarding resolutions of fee disputes.) I will speak with each referred party either by phone or in person to determine whether I will take the case and, if so, what my fee will be, how I will bill for my services, and what the scope of my representation will be.
6. **Dues:** I have remitted my \$40 non-refundable Lawyer Referral Service dues.
7. **Referral Fee:** I acknowledge an obligation to remit to the LRS ten percent (10%) of the total collected fees for cases \$100 and over which will be sent within 30 days of payment.
8. **Reporting:** I acknowledge that I must return all report forms as requested. Referral fees may be returned as the fee is collected, but no later than the return of the final notice.

#### Waiver

I hereby authorize the Board of Bar Overseers to release any and all information to the Lawyer Referral Service regarding any disciplinary proceedings that have been commenced against me by the Board of Overseers within five (5) 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 (5) years and not reviewed by the Lawyer Referral Service Committee will not be accepted until a satisfactory review by the Committee. Current panelists who are disciplined will be suspended until a favorable review by the Lawyer Referral Service Committee. This release shall expire one (1) year from the date listed below.

Read and Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ BBO# \_\_\_\_\_