

## **Franklin County Lawyer Referral Service**

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

### **Lawyer Referral Service Application September 1, 2021 – August 31, 2022**

#### **To Complete the Application Please Submit:**

- Completed application forms
- \$40 application fee
- Signed LRS Agreement- Acceptance of Rules and LRS Standards. The LRS Standards can be viewed at [www.franklincountybar.org](http://www.franklincountybar.org). If you need a copy please email, [fcbar@franklincountybar.org](mailto:fcbar@franklincountybar.org).
- Declaration page of malpractice insurance
- If applying for the first time, please include a resume and references.

#### **Submit Documents to:**

Franklin County Lawyer Referral Service, 20 Federal Street, Suite 4, Greenfield, 01301.

**Attorney Name:** \_\_\_\_\_

**Email to Send LRS Referrals and Correspondence:** \_\_\_\_\_

#### **Are you a current member of the Franklin County Bar Association (FCBA)?**

- Yes
- No -Lawyer Referral Service (LRS) membership is conditioned upon FCBA membership. Applications for FCBA and LRS can be submitted together. (Separate checks please).

#### **Have you ever been disciplined by the Board of Bar Overseers (BBO) of this state or a disciplinary authority of another jurisdiction?**

- Yes- 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.
- No

**If this is a renewal application, please consider providing testimonial from yourself or a client regarding the Lawyer Referral Service, for advertising use:**

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### **Insurance:**

LRS members are required to carry minimum Professional Liability coverage in the amount of \$100,000/\$300,000. Please also submit a declaration page of malpractice insurance.

**Broker's Name and Address:** \_\_\_\_\_

**Name and Address of Insurance Company:** \_\_\_\_\_

**Amount of Liability Coverage:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

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### **LRS Attorney Preferences:**

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 future changes.

Please circle up to seven (7) areas in which you are experienced and competent from those listed below to receive referrals.

<input type="checkbox"/> Administrative Law, Municipal	<input type="checkbox"/> Landlord & Tenant
<input type="checkbox"/> Administrative Law, State	<input type="checkbox"/> LAR Certified
<input type="checkbox"/> Appeals	<input type="checkbox"/> Malpractice
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Business Law & Corporations	<input type="checkbox"/> Mediation
<input type="checkbox"/> Civil Rights, Liberties & Discrimination	<input type="checkbox"/> Patent, Copyright & Trademark
<input type="checkbox"/> Collections Defendant	<input type="checkbox"/> Personal Injury
<input type="checkbox"/> Collections Plaintiff	<input type="checkbox"/> Probate, Trusts, Wills & Estates
<input type="checkbox"/> Consumer Protections (93 A)	<input type="checkbox"/> Products Liability
<input type="checkbox"/> Contracts	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Criminal	<input type="checkbox"/> Social Security Administration & SSI
<input type="checkbox"/> Divorce & Family	<input type="checkbox"/> Taxation
<input type="checkbox"/> Education Law	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Employment Law	<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> GAL Adults	<input type="checkbox"/> Other:
<input type="checkbox"/> GAL Children	<input type="checkbox"/> Other:
<input type="checkbox"/> Land Use & Zoning	<input type="checkbox"/> Other:

### **Courthouse Preferences:**

- Greenfield
- Orange
- Other: \_\_\_\_\_

**Notes:** \_\_\_\_\_

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### Acceptance of Standards and 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 client payment.
8. **Reporting:** I acknowledge that I must return all report forms as requested.

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.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_