



PARTICIPATING LAW FIRM APPLICATION AND PROFILE - 2011

Firm Name: _____
Primary Contact Attorney Name: _____
Law school of contact attorney _____ Graduation Date _____

Telephone: (____) - _____ Fax: (____) - _____
E-mail: _____ @ _____ Website: _____
Address: Street: _____ City: _____ State: _____
Zip Code: _____ - _____ County: _____

Mailing Address: Street: _____ City: _____ State: _____
Zip Code: _____ - _____

AREAS OF LAW YOU WILL ACCEPT REFERRALS IN:

| | | |
|--|-----------|----------|
| ALL GENERAL PRACTICE AREAS | YES _____ | |
| FAMILY (Adoption, Divorce, Post Decree, Guardianships) | YES _____ | NO _____ |
| FINANCIAL (Bankruptcy, Debt Collection Defense) | YES _____ | NO _____ |
| REAL ESTATE (Purchase/sale, Landlord-Tenant defense, Title Disputes) | YES _____ | NO _____ |
| LITIGATION (Civil Litigation, Consumer, Admin Hearings, Personal Injury) | YES _____ | NO _____ |
| CRIMINAL (Misdemeanors, Felonies, Juvenile) | YES _____ | NO _____ |
| TRAFFIC (DUI, Driving privileges, Traffic Tickets) | YES _____ | NO _____ |
| WILLS & PROBATE (Wills, POAs, Living Wills, Living Trusts, Probate) | YES _____ | NO _____ |
| ADDITIONAL AREAS - Estate Planning, ___ Elder Law, ___ Immigration, ___ IRS Tax Audits, ___ Special Needs Trusts, ___ Other Areas of practice - _____ | | |

Number of attorneys in firm: _____ Average year's experience: _____ Number of Support Staff _____

Foreign language capabilities? _____

Appointments available? Evenings _____ Saturdays _____ States Licensed _____

Any Additional Offices? Yes ___ No ___ Attach letterhead or a separate list.

Payments should be reported under this Tax ID: _____ belonging to: Individual ___ Firm: ___

| EEO Information: | # Of Male Attorneys | # Of Female Attorneys |
|-----------------------------------|---------------------|-----------------------|
| African American | _____ | _____ |
| American Indian or Alaskan Native | _____ | _____ |
| Asian or Pacific Islander | _____ | _____ |
| Caucasian | _____ | _____ |
| Hispanic | _____ | _____ |
| Other _____ | _____ | _____ |

Have you or any member of the firm received from any Bar or Court a reprimand, censure, suspension or other discipline?
Yes _____ No _____ If yes, please attach an explanation.

Were you previously a panel member? Yes ___ No ___

Please list all other legal plans you accept clients from: _____

***PLEASE ATTACH A COPY OF YOUR MALPRACTICE INSURANCE DECLARATION PAGE
SHOWING CURRENT COVERAGE. ***

Signature of responsible attorney: _____ Date: _____