



*PARTICIPATING LAW FIRM
APPLICATION AND PROFILE*

Firm Name: _____
Primary Contact Attorney Name: _____
Secondary Contact Attorney Name: _____
Law School of Contact Attorney _____ Graduation Year: _____
Bar license number for contact attorney: _____
Telephone: (_____) - _____ Fax: (_____) - _____
E-mail: _____@_____ Website: _____

Address: Street: _____ City: _____ State: _____
Zip Code: _____ - _____ County: _____
Mailing Address (if different from office address): _____ City: _____
State: _____ Zip Code: _____ - _____

AREAS OF LAW YOU WILL ACCEPT REFERRALS IN:

	YES	NO
ALL GENERAL PRACTICE AREAS	YES _____	NO _____
FAMILY (Adoption, Divorce, Post Decree, Guardianships)	YES _____	NO _____
SURROGACY AND REPRODUCTIVE ASSISTANCE LAW	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, _____ Property Tax Assessments Appeals _____		
Other Areas of practice - _____		

Number of attorneys in firm: _____ Average years of 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 ever been sued for legal malpractice and/or received a reprimand, censure, suspension or any other discipline from a Court, Bar Association and/or any other governing entity?

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: _____