



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:

Table with 3 columns: Area of Law, YES, NO. Rows include ALL GENERAL PRACTICE AREAS, FAMILY (Adoption, Divorce, Post Decree, Guardianships), SURROGACY AND REPRODUCTIVE ASSISTANCE LAW, FINANCIAL (Bankruptcy, Debt Collection Defense), REAL ESTATE (Purchase/sale, Landlord-Tenant defense, Title Disputes), LITIGATION (Civil Litigation, Consumer, Admin Hearings, Personal Injury), CRIMINAL (Misdemeanors, Felonies, Juvenile), TRAFFIC (DUI, Driving privileges, Traffic Tickets), WILLS & PROBATE (Wills, POAs, Living Wills, Living Trusts, Probate), 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 table with columns: # Of Male Attorneys, # Of Female Attorneys. Rows: 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: