

***PARTICIPATING LAW FIRM
APPLICATION AND PROFILE***

Firm Name: _____
 Primary Contact Attorney Name: _____ 2nd Contact _____
 Law school of contact attorney _____ Graduation Date _____

Telephone: (____) - _____ Fax: (____) - _____
 Alternate or Second Phone: (____) - _____ Visible to Clients? Y ___ N ___

E-mail: _____ @ _____ Visible to Clients? Y ___ N ___
 Website: www. _____

Office Address: Street: _____ City: _____ State: _____
 Zip Code: _____ - _____ County: _____

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

AREAS OF LAW YOU WILL ACCEPT REFERRALS IN:

ALL GENERAL PRACTICE AREAS YES _____
 FAMILY (Adoption, Divorce, Post Decree, Guardianships, Domestic Partner) 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, ___ Special Needs Trusts, ___ Immigration, ___
 Tax Audits, ___ Property Tax Assessments ___ Other Specific Areas of practice _____

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

Foreign languages spoken? _____

Appointments available? Evenings _____ Saturdays _____ Additional State Licenses _____

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

Payments should be reported under this Tax ID: _____ belonging to: Individual ___ Firm ___
 Type of Firm: Corp ___ Indiv ___ LLC Corp. ___ LLC Disregarded ___ LLC Partnership ___ Partnership ___ Other ___

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, or any claims against your malpractice insurance? 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: _____