

Panelist Application

NAME: _____

FIRM: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

Languages Spoken: _____

Please enroll me as a member of the LRS panel. I certify that:

INITIALS

- ____ 1. I am a member in good standing of the State Bar of Arizona.
- ____ 2. I have been actively engaged in the practice of law for at least one (1) year.
- ____ 3. For all selected SIMPLE subject panel areas, I have handled at least two (2) matters to completion. For all selected EXPERIENCED subject panel areas, I meet the specific requirements listed on page 2 (see back of this page), and have provided the requested information & attachments.
- ____ 4. I carry a minimum of \$100,000 in professional liability insurance coverage and will provide a copy of the current declaration page of such policy with this application. I will also provide the same documentation as requested in the future.
- ____ 5. I will provide a 30-minute consultation to each client referred to me thru LRS. If I am unable to provide the consultation, I will refer the client back to LRS and not refer the client to another attorney.
- ____ 6. I will provide an in-person consultation with the client, unless the client has time or location limitations, or the client specifically prefers a phone consultation.
- ____ 7. I will complete and return the LRS Response forms within seven (7) days of receipt. LRS will also provide a monthly accounting of all referrals until I state that each case has been closed & I will also return these forms in a timely manner.

I would like to receive them: By Fax By Email

- ____ 8. I will notify LRS if there are any changes to my standing or status with the State Bar of Arizona or to my professional liability insurance within 14 days.
- ____ 9. I will not charge for the first 30 minutes of consultation, and any additional financial agreement is between me and the client. I will inform clients of my fee structure during the initial consultation and explicitly inform the client at which point the free consultation ends and any fee for service begins. A client will NOT pay more for my legal services because of my agreement with LRS, and I will not increase my fees to the client in order to offset amounts due to the LRS because of my LRS membership.

Send completed form, copy of current insurance declaration page, any CLE documentation & payment to:

PCBA, 177 N. Church Ave., #101, Tucson, AZ 85701
or Fax to (520) 623-9772. Questions? Call 623-8258.

To avoid interruptions with referrals for next calendar year,
PLEASE SUBMIT MATERIALS & PAYMENT BY DECEMBER 31.

- ____ 10. I understand that an additional payment applies for all referrals made by the LRS beginning with cases referred on or after JANUARY 1, 2014. This additional payment is: an amount equal to 10% of the collected net legal fee (excluding itemized expenses and disbursements) on any cases or matters referred by the LRS on which the panel member has earned and received fees in excess of \$499, payable to the LRS within 30 days of receipt of any payment by or on behalf of the client. Fees are calculated individually on each referred case and apply to all fees for services rendered in connection with the referred matter, including fees due to other attorneys with whom the panel attorney might partner in order to provide service to the client. This additional cost applies to all fees received for cases referred by the LRS even if the attorney does not maintain active LRS membership. [Of the 10% paid, 75% will go towards LRS operations & marketing and 25% will be given to Southern Arizona Legal Aid.]
- ____ 11. Should I withdraw from LRS membership or leave my current firm, I understand that I am still bound by this agreement with regard to all clients referred through LRS. I agree to (a) return all administrative reports with updated case status information until such time that I certify that all referred cases have been closed, and (b) to forward additional costs as per this agreement on the fees collected from all referred matters after January 1, 2014.
- ____ 12. I have read and understand the LRS Program Policies.
- ____ 13. I agree to abide by all of the LRS policies and indemnify and hold harmless the Pima County Bar Association (PCBA) from any and all claims, demands, actions, liability or loss which may arise from, or be incurred through, any negligence or conduct that causes damage to a client referred by LRS. I also waive any and all claims against PCBA for loss arising from LRS operations and policies.

Signature: _____

Date: _____

ATTORNEY PANELIST INFORMATION

- Do you practice in Federal Court? YES NO
- Do you take cases against government agencies? YES NO
- Do you do litigation? YES NO
- Note the So. AZ counties where you will accept LRS clients
 Pima Cochise Graham Greenlee Pinal Santa Cruz Yuma
- I am a Southern AZ attorney, outside of Pima County YES

LRS ATTY. PANELIST ANNUAL MEMBERSHIP DUES

I am a PCBA member, & have enclosed my \$50 yearly LRS fee
 I am not a PCBA member, & enclosed is my \$300 yearly LRS fee

LRS Dues are Non-Refundable Make checks payable to: PCBA

For MC, Visa, Discover, or AmEx Charges, please indicate:

Name: _____

Credit Card No.: _____

Billing Address: _____

Billing Zip Code: _____ Exp. Date: _____

Signature: _____

Lawyer Referral Service Panelist Areas

* You may select a maximum of SIX (6) areas of law.

SIMPLE SUBJECT PANELS

For each selected area, you must have handled **at least two (2) matters to completion**.

<input type="checkbox"/> Administrative Law	<input type="checkbox"/> Criminal Misdemeanors	<input type="checkbox"/> Guardian/Conservatorship	<input type="checkbox"/> Probate & Wills
<input type="checkbox"/> Adoptions	<input type="checkbox"/> Dependencies, Severance & Child Protective Services	<input type="checkbox"/> Homeowners Association	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Immigration/Naturalization	<input type="checkbox"/> Repossessions
<input type="checkbox"/> Chapter 7	<input type="checkbox"/> Elder Law	<input type="checkbox"/> Insurance	<input type="checkbox"/> School Law
<input type="checkbox"/> Chapter 11	<input type="checkbox"/> Employment Law	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Service & Veterans' Rights
<input type="checkbox"/> Chapter 13	<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Land Law	<input type="checkbox"/> Social Security Disability
<input type="checkbox"/> Business Organization	<input type="checkbox"/> Family Law	<input type="checkbox"/> Landlord/Tenant	<input type="checkbox"/> Appeals
<input type="checkbox"/> Business Sales	<input type="checkbox"/> with Children	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Civil Rights	<input type="checkbox"/> without Children	<input type="checkbox"/> Negligence	<input type="checkbox"/> Other (Please specify): _____
<input type="checkbox"/> Collections	<input type="checkbox"/> Limited Scope rep.	<input type="checkbox"/> Personal Injury	_____
<input type="checkbox"/> Consumer Protection	<input type="checkbox"/> Foreclosure	<input type="checkbox"/> Property & Personal Injury	_____
<input type="checkbox"/> Contracts	<input type="checkbox"/> General Civil Litigation		

EXPERIENCED SUBJECT PANELS

For each selected area below, the attorney shall have been in practice **a minimum of three (3) years**.

1. Please sign your initials to certify that you meet the stated panel membership requirements.
2. List the case numbers below of three (3) cases that support the panel area requirements.
3. Submit copies of CLE Affidavit(s) of Compliance that support the participation in the panel area.

<input type="checkbox"/> Felony & Capital Criminal	<input type="checkbox"/> Malpractice <input type="checkbox"/> Legal <input type="checkbox"/> Medical	<input type="checkbox"/> Patent/Trademark/Copyright *	<input type="checkbox"/> Tax
1. Have handled three (3) separate felony cases to conclusion AND	1. Have handled three (3) separate legal or medical cases to conclusion AND	1. Have handled three (3) separate cases in this area to conclusion AND	1. Have handled three (3) separate tax cases to conclusion AND
2. Shall have been the attorney on record AND	2. Shall have been the attorney on record AND	2. Shall have been the attorney on record AND	2. Shall have been the attorney on record AND
3. Have fully prepared for trial AND	3. Have fully prepared for trial AND	3. Have fully prepared for trial AND	3. Have fully prepared for trial AND
4. Shall have completed 12 CLE credits in criminal practice and research topics in the last three (3) years	4. Shall have completed 12 CLE credits in legal/medical malpractice topics in the last three (3) years	4. Shall have completed 12 CLE credits in patent, trademark, or copyright topics in the last three (3) years	4. Shall have completed 12 CLE credits in tax-related topics in the last three (3) years

Initial: _____

Initial: _____

Initial: _____

Initial: _____

Felony & Capital Criminal Cases: #1: _____ #2: _____ #3: _____

Malpractice – Legal Cases: #1: _____ #2: _____ #3: _____

Malpractice – Medical Cases: #1: _____ #2: _____ #3: _____

Patent/Trademark/Copyright Cases: #1: _____ #2: _____ #3: _____

Tax Cases: #1: _____ #2: _____ #3: _____

* **For Patent/Trademark/Copyright:** Please note your Patent & Trademark Office Registration No. _____
AND include documentation of additional insurance coverage as required by law.