

MEMBERSHIP APPLICATION

Name _____

Firm _____

Office Address _____

Phone _____ Fax _____

E-mail _____

B.B.O. No. _____

Bar Admission (date/location) _____

Years of active legal practice _____

Yes, I would like to receive emails when a referral is placed that includes client and case information.

In what other states can you practice? _____

Languages other than English you/your staff speak?

Please indicate level of fluency by circling one:
Beginner / Intermediate / Conversational / Fluent

Has any disciplinary action ever been instituted against you by the Board of Bar Overseers of Massachusetts or other equivalent body in another jurisdiction? **YES** _____ **NO** _____

If yes, please describe the nature of the outcome of such disciplinary action on a separate sheet of paper.

INSURANCE COVERAGE

The LRS requires all members to carry a minimum legal malpractice insurance coverage of \$250,000/\$500,000. LRS members must submit proof of insurance when reapplying and when insurance policy is renewed.

___ I have attached a copy of the declaration page from my current legal malpractice insurance policy.

___ I will submit my insurance policy by (circle one) fax / mail / email on or before _____

Date

APPLICANT STATEMENT

The responses in this application are complete and true to the best of my knowledge. If accepted as a member of the LRS, I agree to abide by LRS rules as indicated on this application. I understand the objectives of the LRS, and I agree to work toward providing high quality, low cost services to low income persons.

Signature _____

Date _____

Detach the front cover to retain a copy of the LRS rules and dues schedule.

Please mail your application, insurance information and dues payment (check made out to NLG Lawyer Referral Service) to:

National Lawyers Guild Lawyer Referral Service

14 Beacon Street, Suite 407
Boston, MA 02108

Phone: (617) 227-7008

Fax: (617) 227-5495

Website: www.nlgmass.org/lawyer-referral-service

Email: nlgmass@igc.org

Application and dues payments can also be submitted electronically through our website.



NATIONAL LAWYERS GUILD,
MASSACHUSETTS CHAPTER



LAWYER REFERRAL SERVICE

Membership Application

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Boston, MA 02108

Phone: (617) 227-7008

Fax: (617) 227-5495

www.nlgmass.org/lawyer-referral-service

E-mail: nlgmass@igc.org

MEMBERSHIP

The Lawyer Referral Service (LRS) is a project of the Massachusetts Chapter of the National Lawyers Guild. The LRS was created to help low and moderate income residents receive competent legal services for reasonable rates.

To join the LRS, an attorney must
(1) be a member of the National Lawyers Guild,
(2) provide proof of legal malpractice insurance coverage of at least \$250,000/\$500,000, and
(3) submit LRS dues (Guild dues are paid separately).

LRS Membership Dues: All attorneys on the LRS panel pay **\$175** for each year of membership. LRS Membership is for a **calendar year** (Jan 1 - Dec 31). New members who joins after September 1 will be carried over to the next year.

Attorneys who fail to renew their membership by **February 1st**, will be temporarily suspended.

RULES AND FEES

LRS attorneys are required to offer potential clients an initial free phone consultation. The LRS encourages attorneys to offer reduced or sliding scale fees to low income clients.

Attorneys must return completed quarterly reports and associated LRS fees within six weeks of the report's mailing date. Reports are mailed April, July, October, and January via email. Failure to return reports will result in temporary membership suspension until report is returned. Two reminders are sent prior to suspension.

Remittance Fee Scale: Attorneys must remit **10%** for amounts between \$100 - \$3,000 earned from an LRS referral. Above \$3,000, **15%** must be remitted to the LRS. *Example: for a fee of \$3,200, \$330 must be remitted in fees (10% of \$3,000 + 15% of 200).*

If you refer the client to another attorney, you must provide the LRS with that attorney's name and address, and notify the attorney of the LRS guidelines.

AREAS OF LAW

Please indicate all applicable areas of your practice.
You may contact us at any time to change selection.

Appellate

- State
- Federal

Criminal

- Misdemeanor
- Felony
- Federal
- Juvenile
- License Suspension

Discrimination

- Public Accommodation
- Housing
- Disability
- Education
- Employment

Employment Law

- Wrongful Termination
- Contracts
- Labor Law (Unions)

Benefits

- Unemployment
- Workers' comp
- SSI/SSDI
- Disability

Family Law

- Divorce
- Custody
- Guardianship
- DCF
- Child Support

Malpractice

- Medical/Dental
- Legal

Landlord/Tenant

- Landlord
- Tenant

Rights

- Civil Rights
- Prisoners' Rights
- FOIA/Privacy Act
- Police Misconduct
- Civil Disobedience

Other Areas

- Immigration
- Civil Litigation
- Elder Law
- ADR/Mediation
- Auto Accidents
- Personal Injury
- Products Liability
- Consumer Protection
- Bankruptcy
- Debtor/Collections
- Taxes
- Contracts
- Real Estate
- Estates
- Wills
- Patents/Copyrights
- Business/Commercial Organization
- Student Issues
- Environmental Law

Areas of Special Interest and/or Other Specialities

GEOGRAPHICAL LOCATION

Are you willing to travel to clients?
 YES NO

What areas/cities would you like to receive referrals from? *Check all that apply.*

- Boston Metropolitan
- North Shore
- South Shore
- Central Mass
- Cape Cod
- Western Mass
- Other _____

ATTORNEY'S FEES

Indicate your average fees for the following:

- Consultations _____
- Uncontested no-fault divorces _____
- District Court criminal trials _____
- Hourly _____
- Other (list type/range) _____

Do you offer reduced rates for low/moderate income persons? Please describe. _____

Do you take pro bono cases? What types? _____

GUILD MEMBERSHIP

Are you in good standing with the Guild? Y N

When did you join the Guild? _____

How did you learn about the LRS? _____

Reason for joining the LRS? _____
