

THE Legal Plan Consultants
Network Attorney Application

Attorney's Full Name: _____

Firm Name: _____

Street Address: _____

City: _____ County: _____ State: _____

Mailing Address (If Different) _____

Mailing Address (continued): City _____ County: _____ State: _____

Phone: _____ Electronic Mail: _____

Facsimile: _____ Website: _____

Tax ID _____ Name of Payee: _____

State Bar Admissions:

State: _____ Date of Admission: _____ Bar Identification Number: _____

State: _____ Date of Admission: _____ Bar Identification Number: _____

State: _____ Date of Admission: _____ Bar Identification Number: _____

Federal Bar Admissions:

Jurisdiction _____ Date of Admission: _____

Jurisdiction: _____ Date of Admission: _____

Name the areas of Law in which you would be comfortable accepting referrals:

Criminal Traffic Immigration Juvenile Law General Law Other

If Other, Please Explain: _____

Standard Hourly Rate: _____

Language Capabilities other than English? If so, please explain: _____

Has any disciplinary action been taken against you or your firm? Yes No (if yes, please explain) _____

Do you have Legal Malpractice Insurance? Yes No (Please Attach a copy of the Declarations Page)

Attorney Signature: _____ Date: _____

For multiple offices please provide those additional addresses