



Participating Law Firm Application and Profile

Applicant Information

Firm Name:
Primary Contact Attorney Name:
Law School of Contact Attorney:
2nd Contact:
Graduation Date:

Office Address:
Street Address
Apartment/Unit #

City
State
ZIP Code

Mailing Address if Different

Street Address
Apartment/Unit #

City
State
ZIP Code

Phone:
Email

Number of Attorneys in Firm:
Average Years' Experience:
Number of Support Staff
Foreign Languages Spoken? If yes, please list
No

Appointments Available?
Evening
Saturdays

Additional State Licenses

Addition Offices
Yes
No
Attach letterhead or separate list

Payment Should Be Reported Under This Tax ID
Belonging to:
INDIVIDUAL
FIRM

Type of Firm
CORP
INDIV
LLC CORP
LLC PARTNERSHIP
LLC DISREGARDED
LLC PARTNERSHIP
OTHER

Have you or any member of your firm received from any Bar or Court a reprimand, censure, suspension, or other discipline, or any claims against your malpractice insurance? If yes, please attach explanation
YES
NO

YES
NO

Were you a previous Panel Member?
Please list all other legal plans you accept clients from:

Areas of Law You Will Accept Clients In

ALL GENERAL PRACTICE AREAS

FAMILY (Adoption, Divorce, Post Decree, Guardianships, Domestic Partners)

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 (Please List)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____