

Hexagon LLC

Participating Law Firm Application and Profile

Firm Name: Primary Contact Attorney Name: 2 nd Contact: Grifice Graduation Date: Office Address: Street Address Apartment/Unit # Mailing State ZIP Code Mailing State ZIP Code Mailing Street Address Apartment/Unit # City State ZIP Code Phone:	Applicant Information								
Address: Street Address Apartment/Unit # Mailing Address if Different City State ZIP Code Street Address Apartment/Unit #	Primary Cor								
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Phone:	Different	Street Ad					Apart	ment/Unit #	
Number of Average Years' Number of Support Firm: Experience: Staff Foreign Languages Spoken? If yes, please list No Appointments Average Years' Number of Support Staff Appointments Average Years' No No Appointments Available? Evening Saturdays		City				State	ZIP C	ode	
Attorneys in Average Years' Number of Support Firm: Experience: Staff Foreign Languages Spoken? If yes, please list No Appointments Available? Evening Additional State Evening Saturdays Additional State Evening Saturdays Addition Offices Yes No Payment Should Be Reported Under This INDIVIDUAL FIRM Tax ID CORP INDIV LLC CORP LLC PARTNERSHIP LLC DISREGARDED LLC PARTNERSHIP OTHER Type of Firm INDIV LLC CORP LLC PARTNERSHIP INDIV D INDIV	Phone:				Ema	il			
Appointments Available? Evening Saturdays Additional State Licenses Addition Offices Yes No Attach letterhead or separate list Payment Should Be Reported Under This INDIVIDUAL FIRM Tax ID Belonging to: I CORP INDIV LLC CORP LLC PARTNERSHIP Type of Firm Image: Corp in the second secon	Attorneys in Firm: Foreign Languages			Av		Numbe			
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Type of Firm		ould Be	Reported l	Jnder This	Belonging to		FIRM		
Have you or any member of your firm received from any Bar or Court a reprimend concurs suspension	Type of Firm					LLC DISREGARDED			
or other discipline, or any claims against your malpractice insurance? If yes, please attach explanation									
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	Please list a	ll other le		□ mber? you		Accort Cliente ka			

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 (DUIS, Driving Privileges, Traffic Tickets)	YES YES YES YES YES YES YES YES	80808080808080808080808080808080808080
TRAFFIC (DUIS, Driving Privileges, Traffic Tickets) WILLS & PROBATE (Wills, POAS, Living Wills, Living Trusts, Probate) ADDITIONAL AREAS (Please List)	YES	NO NO
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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: