



# 2017 LAKE COUNTY BAR ASSOCIATION

## REFERRAL REGISTRATION FORM (expires Feb 1, 2018) Agreement

I hereby certify to the Lawyers Referral Program of the Lake County Bar Association that:

I will comply with the rules for participation in this program;	<b>I agree to reimburse the LCBA \$25.00 for each fee generating case I accept from the Referral Program;</b>
I agree to maintain a current membership status with the LCBA;	<b>Attorneys not in compliance will be removed from the Panel;</b>
I understand that I must be licensed and practicing in the State of Indiana for at least three (3) years;	I agree that if I do not accept employment of a prospective client sent by the LCBA's Referral Program, I may not refer the caller to another attorney without the prior consent of the LCBA;
<b>I will pay a \$50.00 panel fee to participate in the Referral Program; plus a \$25.00 listing fee for each area in which I choose to participate (some exceptions apply; some categories are free;</b>	I understand that the clients are given names and phone numbers on a rotation basis according to the area of law that they require assistance in and that at no time will the attorney be referred based on location, race, gender or religion;
I agree to promptly reply to all inquiries from the LCBA via faxed monthly Referral Status Reports as to the status of the cases referred to me;	<b>I have read and I am familiar with the Rules for Referral Program participation. I AGREE TO ABIDE BY THIS APPLICATION AND AGREEMENT;</b>

**Print Attorney Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Date of Admittance:** \_\_\_\_\_ **Attorney ID #:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

CATEGORY	CIRCLE	CATEGORY	CIRCLE
*Foreign Speaking (free with another category)	0	Medical Malpractice	25
Adoption	25	Medical Mal-Dental (free with medical-malpractice)	0
Americans with Disabilities/Disabilities	25	Medicaid/Medicare	25
Animal Law	25	Mental Health	25
Appellate Work	25	Mediator, Certified Registered	25
Asbestos Related Matters	25	Mortgage Foreclosure	25
		Mortgage Foreclosure	25
Bankruptcy	25	Mortgage Modification	25
Civil Rights/Discrimination	25	Motorcycle Accidents & Offenses	25
		Not-for-Profit Law	25
Collections	25	Patent/Copyright/Trademark	25
Commercial Law & Litigation	25	Personal Injury (negligence)	25
Construction	25	Personal Injury (product liability)	25
Consumer Law (except lemon law)	25	Personal Injury (wrongful death) free with PI	25
Consumer Law (lemon law)	25	Real Estate Transactions	25
Contracts (common law only)	25	School Law	25
Corporations & Business Law	25	Special Education Only	25
Criminal Law: Adult and Juvenile	25	Sign Language	25
Criminal Record Expungement	25	Social Security Disability	25
Criminal – FEDERAL ONLY	25	Social Security Income	25
Defamation	25	Tax Law / IRS	25
DWI/DUI/OWI	25	Tax Sale	25
Elder Law/Nursing Home	25	Vehicle & Traffic Violations	25
Employment discrimination	25	Wage & Hour Law	25
Employment other, and Labor Disputes	25	Wills/Trusts/Probate	25
Environmental Law	25	Worker's Compensation	25
Family Law Divorce	25	Custom Category I _____	25
Family Law-Adoption, Paternity, Guardianship	25	Custom Category II _____	25
Flood Assistance (free with another category)	0	Licensed in another State (free with another category)	0
General Civil Litigation not covered by other categories, small claims (free with another category)	0	List States	
Guardian Ad Litem	25	Total Amount Circled	\$
HIPAA/Medical Privacy	25	<b>Panel Fee</b>	+ <b>\$ 50.00</b>
Identity Theft/Privacy	25		
Immigration	25		
Insurance	25	Total Fees Payable to LCBA	\$
Land Use & Zoning	25		

### Payment Check or Credit Card (MasterCard, Visa, Discover)

Name on Card: \_\_\_\_\_ Billing Street Address: \_\_\_\_\_ / Zip Code \_\_\_\_\_  
 Credit Card No. \_\_\_\_\_ Exp Date: \_\_\_\_\_ Auth. Code \_\_\_\_\_