



San Fernando Valley Bar Association

ATTORNEY REFERRAL SERVICE OF THE SAN FERNANDO VALLEY BAR ASSOCIATION APPLICATION AND AGREEMENT

Please read this agreement completely and with care. There is a \$25 non-refundable fee for the processing of new membership applications; please include payment with completed application. Panel membership is an individual membership, not a firm membership.

Full Name	<input type="checkbox"/> New Member <input type="checkbox"/> Membership Renewal		
Firm/Agency	Website		
Primary Office Address	City	State	Zip
Alternative Office Address	City	State	Zip
Telephone No.	Fax No.		
Client Toll-Free No.	E-Mail		
Cell Phone No. (Optional)	Home Phone No. (Optional)		
Firm Size: <input type="checkbox"/> Solo Practitioner <input type="checkbox"/> 2-5 Attorneys <input type="checkbox"/> 6-10 Attorneys <input type="checkbox"/> 11-20 Attorneys <input type="checkbox"/> 20+ Attorneys			
State Bar No.	Date of California Bar Admission		
Certified Specialties	Certified By		
Other States in which Admitted	Year		
_____	_____		
_____	_____		
_____	_____		
Admitted to Practice Before Other Tribunals and Jurisdictions (federal courts, administrative agencies, etc.)		Date of Admissions	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
Tel (818) 227-0490	20750 Ventura Blvd., Suite 140	www.sfvbareferral.org	
Fax (818) 227-0499	Woodland Hills, CA 91364	referrals@sfvba.org	

Attorney Referral Service Application

Use additional sheets if necessary

Education (school name, years attended, degree received, year received)

Undergraduate School _____

Law School _____ **aaaaaaaa** _____

List any teaching experience.

List membership in other referral services.

List any law review articles or other pertinent publications that you have written, and any pertinent lectures you have given.

State the approximate percentages of your practice during the past five years.

_____ % Litigation
_____ % Transactional
_____ % Work Settlement
_____ % ADR
_____ % Other (describe) _____

Provide any information that would assist in referring to you. For example, unique area of practice or expertise.

State if you will accept the following referrals on the basis set forth below. (Accepting any of the referrals listed below does not affect eligibility to belong to three of the Special Qualifications and Experience Panels)

Domestic Relations:

Cost only, where one spouse is without funds, but the other spouse is gainfully employed, and the court can order the employed spouse to pay attorney fees.

Bankruptcy Cases:

Cost only

Modest Means Panel:

I agree to accept modest means referrals on the following matters, and to abide by the fee guidelines of the LRIS.

Family Law • • Personal Insolvency
Criminal Residential Tenant

Please Specify other categories in which you would be willing to accept modest means referrals, pending approval of the LRIS Committee.

State the number of hours per year you are willing to donate to Pro Bono cases if requested by the LRIS.

Attorney Referral Service Application & Dues Schedule

_____ I understand that referrals may be made to client based on the Client's request for a convenient time and location.

- ☐ I would like to participate in the Senior Citizens Legal Program and agree to abide by the fee guidelines.
- ☐ I would like to participate as a mentor to a new attorney.
- ☐ My office is handicapped accessible.
- ☐ I will make jail visits.
- ☐ I will make home visits.
- ☐ I will accept evening appointments.
- ☐ I will accept weekend appointments.

I have the following on site (or will make available)

TTY/TDD

Sign Language

List foreign language(s) you are proficient in
(Indicate whether you speak fluently, understand, read, write)

My staff is able to communicate with clients in the following language(s)

Office location directions that may be given to a caller:

Rect nłpi 'łput wełkpu<'

SFVBA Member Rate: \$250

Non-SFVBA Member Rate: \$550

The Fiscal Year begins October 1.

DUES ARE PRO-RATED AS FOLLOWS:

100% of LRIS Dues listed	July-January
75% of LRIS Dues listed	February-March
50% of LRIS Dues listed	April-June

Make check payable to Attorney Referral Service. Please charge my credit card; card type: _____

Credit Card # _____ CVV: _____ Exp. Date _____

Billing Address:

Signature _____

If you have designated an attorney to handle your cases should you become incapacitated or away from your office for an extended period of time, please provide that attorney's name and the following information.

Attorney Name _____

Phone Number _____

Insurance Carrier _____

If I am not available when the referral service calls, the following person is authorized to set appointments for me:

Name _____ Position _____

ARS sets appointments at the time of the client's call. The ARS cannot delay making appointments. If no one is available to set the appointment or no one from the office returns the ARS call within two (2) hours, the caller will be referred to another panel attorney.

ARS Attorney Membership Agreement

(Please initial all of the following)

____ I certify that I am an active member in good standing of the State Bar of California and I am engaged in the active practice of law a substantial portion of my time and have a full-time business office for such practice in the greater San Fernando Valley Area.

____ I certify that I am not subject to any restrictions on my license to practice law such as private or public probation or under any stipulated conditions such as supervision and that I am not currently subject to any pending disciplinary action or complaint. I agree to notify the LRIS within 10 days of any disciplinary action or complaints commenced against me while a member of the LRIS.

____ I understand that staff of the LRIS office, in compliance with Civil Code Section 43.95(a) and (b), shall have the duty to disclose to any client being referred to me the nature of any disciplinary actions which may have been taken. Applicant should attach an explanation of the nature and disposition of said actions including any stipulation of facts, conclusions of law and disposition of matter.

____ I certify that I have never been removed as a member for the LRIS panel. I understand that after I withdraw from membership or am terminated, I still have a responsibility to remit the percentage fee on all cases that I received through the LRIS.

____ I certify that I have errors and omissions insurance, in the amount of not less than \$100,000 for each occurrence and \$300,000 aggregate per year. **(You must attach the face sheet of your policy to this application.** It is your responsibility to report immediately any changes in your insurance to the LRIS and to send your new face sheet immediately upon renewal of your policy.)

____ I certify that I have not been suspended by the State Bar of California.

____ I consent that information about me in this application or otherwise known to LRIS may be furnished to clients seeking referral by LRIS.

____ I understand that I must have an office outside of my home where I meet clients.

____ I agree to personally interview each client referred to me for the initial conference.

____ I agree to meet with the client for a minimum of ½ hour. If I decide not to render additional service, I will advise the client and will offer referral back to LRIS if appropriate. **I understand that I may not refer individuals on to colleagues within my law firm or to other practitioners unless authorized by the LRIS in each particular instance.**

____ I understand that I must not charge for the first one-half hour consultation. I will inform the client of my fee structure during the initial consultation and I will inform the client at which point the free consultation ends and fee for service begins. I agree to enter into a written fee agreement with every client referred by LRIS who engages me to provide legal services.

____ I agree to notify the client at the outset of representation that a portion of the fees are payable to LRIS, and the LRIS is entitled (a) to know the outcome of any legal representation, (b) the attorney's fees received, and (c) to audit the file to determine if it has received the appropriate amounts.

____ I agree to allow LRIS or its agents to examine and audit financial or accounting records and the legal file with regard to referred clients if a question arises with respect to fees owed LRIS.

____ I agree that, in the event of any fee dispute between me and any client referred to me by the LRIS, at the client's request, such dispute shall be submitted to binding arbitration and that judgment may be entered on the basis of the decision in such arbitration.

____ I agree to notify the LRIS in writing if my professional liability insurance is terminated or decreased or if I am investigated, reprimanded or disciplined concerning an allegation of professional misconduct, or if I am a defendant in a lawsuit filed by a client or prior client of mine.

____ I agree to indemnify and hold harmless the LRIS, the LRIS Committee, the San Fernando Valley Bar Association and all of its officers, directors, members, employees, and volunteers from any and all claims, demands, actions, liability or loss, including but not limited to costs of defense including reasonable attorney's fees, which may arise from, or be related to my participation in LRIS.

____ I certify that the statements and other information in this application are true and complete. I agree to notify the LRIS promptly in writing if anything occurs while I am a member of the LRIS, which makes any such statement or information untrue or inaccurate.

____ I certify that I have received and read the LRIS Standards and Rules of Operations as amended on _____ and incorporated herein. I agree to abide by the LRIS rules as in effect from time to time.

____ I agree that my appointment to and continuance as a member of any of the LRIS panels is subject to the discretion of the LRIS Committee in accordance with the LRIS rules as in effect from time to time.

BY SIGNING THIS AGREEMENT I INDICATE THAT I UNDERSTAND AND ABIDE BY LRIS RULES AND PROCEDURES. I UNDERSTAND THAT RULES ARE SUBJECT TO CHANGE DURING THE MEMBERSHIP YEAR.

Executed at _____, California, on _____

DECLARATION RE: DISCIPLINARY STATUS

This declaration is submitted to enable the Attorney Referral Service of the San Fernando Valley Bar Association to comply with the provisions of the California Civil Code Section 43.95 as amended effective January 1, 1981.

NAME _____

FIRM NAME _____

STREET ADDRESS, SUITE NO. _____

CITY, STATE AND ZIP CODE _____

TELEPHONE NO. _____

YEAR OF ADMISSION TO THE STATE BAR _____

Yes	No	1. Have you ever been refused admission to practice, disbarred, suspended from practice or formally reprimanded by any state licensing or administrative agency, are any such proceedings in progress, or have you been notified that filing of any such proceeding may be imminent? (If yes, explain on a separate sheet.)
Yes	No	2. Have you had any judgments entered against you, or have you entered into any settlements involving any monetary payments by you to the claimant, relating to any claims or actions filed against you alleging any liability arising from the performance of professional legal services? (If yes, explain on a separate sheet.)
Yes	No	3. Have you ever been declined, canceled or refused renewal for any policy of professional liability insurance for reasons other than non-payment or poor credit? (If yes, explain on a separate sheet.)
Yes	No	4. Have you ever been convicted of a criminal offense? (If yes, explain on a separate sheet.)
Yes	No	5. Have you been declined, refused renewal or expelled from any other referral service, or is any such action pending? (If yes, explain on a separate sheet.)
Yes	No	6. Has any Court imposed sanctions against you (other than discovery related sanctions) in excess of \$1,000?

By signing below, I agree to hold ARS harmless from material misrepresentations or omissions concerning the above and understand that the same for failure to provide ARS with true and complete information may result in my immediate exclusion from the ARS. I also agree to inform ARS under penalty of perjury, that the foregoing information, including any supplementary information, is true and correct to the best of my knowledge.

Signature of Declarant

Date

PANELS

Maximum Three (3) Lettered Panels per Applicant:
Unlimited Sub-Panels within Panels Selected.

☐ **A. Criminal Law**

- ___ 1. Felony
- ___ 2. Misdemeanor

☐ **B. Business Law**

- ___ 1. Major Business Litigation
- ___ 2. Minor Business Litigation
- ___ 3. Non-Litigation
- ___ 4. Retail Consumer and Credit Problems
- ___ 5. Entertainment, Artists and Performers

☐ **C. Family Law**

- ___ 1. Dissolutions or Related Proceedings
- ___ 2. Adoptions
- ___ 3. Paternity

☐ **D. Immigration and Naturalization**

☐ **E. Insolvency Law**

- ___ 1. Business Insolvency
- ___ 2. Personal Insolvency (Chapter Proceedings)
- ___ 3. Creditors Rights

☐ **F. Insurance Law**

☐ **G. Juvenile Law**

- ___ 1. Dependence and Parental Rights Cases
- ___ 2. Delinquency Cases
- ___ 3. Appeals

☐ **H. Personal Injury &
Personal Property Damage Panel**

- ___ 1. Intentional Torts
(assault, battery, false imprisonment, etc.)
- ___ 2. Negligence arising out of automobile
accidents, slip and fall, products liability and
aviation accidents.
- ___ 3. Negligence arising out of non-medical
professional malpractice.
- ___ 4. Medical Malpractice
- ___ 5. P.I. Defense

☐ **I. Workers Compensation**

☐ **J. Real Property**

- ___ 1. Preparation of purchase and sales agree-
ments, leases, other contractual relationships.
- ___ 2. Real Property Litigation
(excluding landlord tenant litigation)
- ___ 3. Landlord/Tenant Litigation
- ___ 4. Zoning Land Use
- ___ 5. Condemnation

☐ **K. Probate, Estate Planning and Guardianship
Conservatorship**

- ___ 1. Probate of Estates
- ___ 2. Wills and Estate Planning
- ___ 3. Guardianship, Conservatorship and Mental
Health Proceedings
- ___ 4. Medi-cal
- ___ 5. Asset Preservation

☐ **L. Administrative Agency Practice**

- ___ 1. Social Security and SDI
- ___ 2. DMV
- ___ 3. Unemployment Appeal

☐ **M. Civil Rights**

- ___ 1. Employment Discrimination
- ___ 2. Civil Rights Act cases
(such as police harassment)
- ___ 3. Other (specify) _____
- _____
- _____

☐ **N. Appellate Practice**

☐ **O. Labor Relations Law**

- ___ 1. Employment Contracts
- ___ 2. Public Sector Benefits
- ___ 3. Sexual Harassment
- ___ 4. Wrongful Termination

☐ **P. Taxation**

- ___ 1. Tax Litigation
- ___ 2. Tax Advice
(Excluding estate and gift taxes)

☐ **Q. Intellectual Property**

- ___ 1. Patents
- ___ 2. Trademarks
- ___ 3. Copyrights
- ___ 4. Trade Secrets
- ___ 5. Unfair Competition

☐ **R. Consumer Law**

- ___ 1. Collections/Breach of Contract
- ___ 2. Consumer Fraud
- ___ 3. Credit Denial & Credit Reporting Agencies
- ___ 4. General Consumer Law, Home Improvement
Repairs, "Lemon Law" Repossessions/
Secured Transactions