ORANGE COUNTY BAR ASSOCIATION

LAWYER REFERRAL SERVICE APPLICATION (BOOK)– 2027

Timely payment of your 2027 membership dues is a requirement of continuation of your referrals listings.

Please print clearly or attach your business card

Member Name: _____

Firm Name: _____

Address: _____

_____

E-Mail Address _____

Phone # ( ) _____ Fax # ( ) _____

$125 for 10 categories

1. Adoptions
2. Appeals – Criminal
3. Appeals – Civil
4. Arbitration/Mediation/Collaborative Law
   (Check if no fault___)
5. Bankruptcy
6. Civil Rights/Employment Discrimination
7. Collections
8. Consumer Affairs/Lemon Law
9. Contracts
10. Corporations/Partnerships/LLC's/Business Start-ups
11. Criminal (County Court) Felony
12. Criminal (Justice Court) Misdemeanor
13. Criminal (Family Court)
14. Defamation
15. Dental Malpractice
16. Divorce/Separation
17. DWI
18. Education
19. Elder Law, including Medicaid/Medicare Planning
20. Employer/Employee Relations/Civil Service
21. Estates, Wills & Trusts
22. Environmental/Mold Litigation
23. Family Court (Custody/Visitation/Support)
24. Federal including §1983 cases
25. Foreclosure
26. Harassment
27. Health Care/Hospital Care/Nursing Home
28. Immigration/Naturalization/International
29. Insurance
30. Internet
31. Landlord/Tenant
32. Legal Malpractice
33. Litigation – Civil
34. Medical Malpractice
35. Municipal
36. Negligence –Personal Injury (Plaintiffs)
37. Negligence – Defense
38. Patents, Trademarks & Copyrights
39. Planning/Zoning
40. Real Estate (purchase/sales/encroachments)
41. Sexual Harassment/Sexual Abuse
42. Small Claims Court
43. Social Security/Disability/Appeals
44. Surrogate/Guardian Proceedings
45. Taxation
46. Traffic (Non DWI)
47. Unemployment
48. Veterans/Military
49. Worker's Compensation
50. Not for Profit
51. Other (Specify)_____

Please see attached cover letter for referral service fees

Foreign language(s) spoken fluently either by you or a staff member: _____

_____ _____ _____

Year admitted to practice: _____

I am also admitted to practice in the following state(s): (Please give place and year of admission.)
State: _____Year:_____

State: _____Year:_____

Please list the following C.L.E. programs that you have participated within the last three (3) years relative to the chosen categories:

Date Program

_____ _____

_____ _____

_____ _____

My area(s) of practice are:_____ _____%

_____ _____%

_____ _____%

If you have been the subject of a grievance proceeding resulting in disciplinary action, please provide a copy of the decision for each disciplinary action taken and attach copy of each disciplinary action.

I understand that the categories that have been circled are in areas in which I practice. I and/or my law firm will actually handle the matter, including any trial that may be required, and will not refer the matter outside of my law firm. If it becomes necessary, for reasons not anticipated at the time of acceptance of the matter, that neither I nor my law firm can handle the matter, I will so notify the Orange County Bar Association promptly in writing of the reasons thereof.

If, during that time I am listed as a referral attorney I am the subject of disciplinary action, or am convicted of any misdemeanor or felony, I will promptly notify the Orange County Bar Association of such action, and provide a copy of any such disposition.

I understand that it is a condition of participation in the Lawyer Referral Service that I maintain an Errors & Omissions (Malpractice) Policy issued by an insurance company licensed and authorized by the State of N.Y. to issue such policies in the minimum amount of $250,000 at all times that I represent clients referred by the Lawyer Referral Service. Proof of such insurance is hereby submitted
I, the undersigned hereby apply for registration with the Lawyer Referral Service of the Orange County Bar Association. I recognize that the service is a means and opportunity for the legal profession to render better service to the public. I certify that I maintain Errors & Omissions (Malpractice) Policy limits of at least $250,000 as described as above. I have provided proof of the evidence of such policy and I will maintain such coverage, or equivalent coverage, at all times that I am representing clients referred by the Lawyer Referral Service. I will provide proof of renewal to the Orange County Bar Association as long as I remain of the referral list.

I duly affirm, under penalty of perjury, to the truth of the statements and representations I have made in this application:

Date: _____

_____
(Signature of Applicant)

Make check payable to:
THE ORANGE COUNTY BAR ASSOCIATION
P.O. BOX 88
GOSHEN, NY 10924

Please attach the cover page only of your current paid NYS liability insurance policy

Thank you.