

**ORANGE COUNTY BAR ASSOCIATION**  
**LAWYER REFERRAL SERVICE APPLICATION (BOOK)– 2025 YEAR**  
Timely payment of your 2025 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 # (        ) \_\_\_\_\_

**\$115 for 10 categories**

- |  |  |
|--|--|
| 1. Adoptions   | 26. Harassment                                 |
| 2. Appeals – Criminal  | 27. Health Care/Hospital Care/Nursing Home     |
| 3. Appeals – Civil   | 28. Immigration/Naturalization/International   |
| 4. Arbitration/Mediation/Collaborative Law<br>(Check if no fault___) | 29. Insurance                                  |
| 5. Bankruptcy  | 30. Internet                                   |
| 6. Civil Rights/Employment Discrimination                            | 31. Landlord/Tenant                            |
| 7. Collections   | 32. Legal Malpractice                          |
| 8. Consumer Affairs/Lemon Law  | 33. Litigation – Civil                         |
| 9. Contracts   | 34. Medical Malpractice                        |
| 10. Corporations/Partnerships/LLC's/Business Start-ups               | 35. Municipal                                  |
| 11. Criminal (County Court) Felony                                   | 36. Negligence –Personal Injury (Plaintiffs)   |
| 12. Criminal (Justice Court) Misdemeanor                             | 37. Negligence – Defense                       |
| 13. Criminal (Family Court)  | 38. Patents, Trademarks & Copyrights           |
| 14. Defamation   | 39. Planning/Zoning                            |
| 15. Dental Malpractice   | 40. Real Estate (purchase/sales/encroachments) |
| 16. Divorce/Separation   | 41. Sexual Harassment/Sexual Abuse             |
| 17. DWI  | 42. Small Claims Court                         |
| 18. Education  | 43. Social Security/Disability/Appeals         |
| 19. Elder Law, including Medicaid/Medicare Planning                  | 44. Surrogate/Guardian Proceedings             |
| 20. Employer/Employee Relations/Civil Service                        | 45. Taxation                                   |
| 21. Estates, Wills & Trusts  | 46. Traffic (Non DWI)                          |
| 22. Environmental/Mold Litigation                                    | 47. Unemployment                               |
| 23. Family Court (Custody/Visitation/Support)                        | 48. Veterans/Military                          |
| 24. Federal including §1983 cases                                    | 49. Worker's Compensation                      |
| 25. Foreclosure  | 50. 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:

<u>Date</u>	<u>Program</u>
_____	_____
_____	_____
_____	_____

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**  
**Referral Service**  
**P.O. BOX 88**  
**GOSHEN, NY 10924**

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

Thank you.

REFERRAL.SERVICE.2025.BOOK.APP