

NEW LONDON COUNTY BAR ASSOCIATION, INC.  
**LAWYER REFERRAL SERVICE**  
MEMBERSHIP APPLICATION FOR 2009-2010

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Year of Admission to Connecticut Bar: \_\_\_\_\_  
Name of Person allowed to schedule appointments for you: \_\_\_\_\_  
INSURANCE: LRS members are required to carry Professional Liability Insurance.  
Insurance Carrier: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

SUBJECT MATTER PANELS

You will receive referrals only in those areas checked below

<input type="checkbox"/> Administrative	<input type="checkbox"/> Identity Theft
<input type="checkbox"/> Admiralty	<input type="checkbox"/> Immigration
<input type="checkbox"/> Bankruptcy/Creditors	<input type="checkbox"/> Juvenile Court
<input type="checkbox"/> Business/Corporate	<input type="checkbox"/> Legal Malpractice
<input type="checkbox"/> Civil Rights/Discrimination	<input type="checkbox"/> Medical Malpractice
<input type="checkbox"/> Collections	<input type="checkbox"/> Motor Vehicle Violations
<input type="checkbox"/> Consumer	<input type="checkbox"/> Patents/Copyrights/Trademarks
<input type="checkbox"/> Criminal	<input type="checkbox"/> Personal Injury
<input type="checkbox"/> Education	<input type="checkbox"/> State
<input type="checkbox"/> Elder Law	<input type="checkbox"/> Tribal
<input type="checkbox"/> Employment Law/Labor Relations	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Federal	<input type="checkbox"/> Real Property
<input type="checkbox"/> State	<input type="checkbox"/> Soc. Sec./Sup. Sec. Inc.
<input type="checkbox"/> Tribal	<input type="checkbox"/> Taxation Problems
<input type="checkbox"/> Environmental	<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Estates/Wills/Trusts	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Family Relations	<input type="checkbox"/> Federal
<input type="checkbox"/> Mediation	<input type="checkbox"/> State
<input type="checkbox"/> Foreclosures	<input type="checkbox"/> Tribal
<input type="checkbox"/> Housing	<input type="checkbox"/> Zoning/Bldg. Reg.
<input type="checkbox"/> Landlord	<input type="checkbox"/> Other _____
<input type="checkbox"/> Tenant	

I HEREBY CERTIFY THAT I HAVE SUFFICIENT EXPERIENCE IN THE ABOVE  
CHECKED AREAS OF LAW TO COMPETENTLY REPRESENT A CLIENT.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

BOTH SIDES OF THIS COMPLETED FORM MUST BE SIGNED AND RETURNED WITH A  
\$30 CHECK PAYABLE TO LAWYER REFERRAL SERVICE, P.O. BOX 97, YANTIC, CT. 06389  
(860)889-9384