



**HAMPDEN COUNTY BAR ASSOCIATION
LAWYER REFERRAL & INFORMATION SERVICE**

**50 STATE STREET, ROOM 137, SPRINGFIELD, MA 01103
TELEPHONE: (413) 732-4660 ♦ FAX: (413) 732-6882 ♦ E-MAIL: lawyerreferral@hcbar.org**

**APPLICATION FOR PANEL PARTICIPATION
Limited Assistance Representation (LAR)**

1. Name: _____ Telephone No.: _____
Fax No.: _____ E-mail address: _____
2. Address: _____
3. Mailing Address, if different: _____
4. How long have you been engaged in the active practice of law in Massachusetts? _____ Date Passed _____
5. I am a member of or associated with the following firm: _____
6. In addition to Massachusetts, in what state or federal courts have you been admitted to practice?

7. Are you a member of any other referral service panel? _____ If yes, please list: _____
8. Are you or a member of your staff able to speak, read, or write any foreign language? _____ If yes, which one(s)? _____
9. I am willing to accept limited assistance representation for the following type of cases:

District Court Civil <input type="checkbox"/> Small Claims <input type="checkbox"/> 93A Consumer Protection <input type="checkbox"/> Collections Debtor Representation <input type="checkbox"/> Collections Creditor Representation	<input type="checkbox"/> Land Court
Housing Court <input type="checkbox"/> Landlord Representation <input type="checkbox"/> Tenant Representation	Probate & Family Court <input type="checkbox"/> Divorce & Family Law <input type="checkbox"/> Probate & Estate Administration
10. Are you willing to accept reduced fee referrals through the LAR Panel? _____.
If yes, please review the Acceptance of the Reduced Rate Panel Rules.

CERTIFICATIONS

1. **LRIS RULES:** I certify that I have agreed to follow the rules for the Lawyer Referral & Information Service of the Hampden County Bar Association outlined in:
 - The “Lawyer Referral & Information Service Application for Panel Registration”
 - The “Lawyer Referral Service & Information Rules”

2. **TRAINING:** I hereby certify that I am qualified to accept LAR Referrals and have completed the Massachusetts SJC approved Training.

3. **INSURANCE:** I certify that I have confirmed coverage for limited representation practice with my errors and omissions insurance carrier.

4. **DISCIPLINARY ACTION:** I certify that I am a member in good standing of the Massachusetts Bar and that I have never been disciplined by the BBO or any other disciplinary authority in this or any other jurisdiction, and that I have complied with the registration requirements of the BBO. If there has been any such discipline, check box, briefly explain in a separate letter, and include the BBO Summary of Complaint. []

5. **FEES:** I certify that I am aware that written fee agreements are required per LRIS rules. I agree to arbitrate any dispute about the amount of a fee before the HCBA Fee Arbitration Board.

6. **REFERRAL FEES:** I certify that I acknowledge an obligation to contribute to the LRIS 15% of the total collected legal fees over \$100 with the exception of qualified reduced rate panel referrals.

7. **REPORTING:** I certify that I acknowledge that I must return all Status Reports on all referred matters within 30 days of receipt. Referral fees must be remitted as the fee is collected. Failure to return Status Reports in a timely manner may result in suspension or removal from the panel.

PANEL PARTICIPATION FEES

I am an **active member** of the Hampden County Bar Association; and:

- I am currently on or simultaneously applying for the Lawyer Referral & Information Service Standard Panel. No additional fees apply; or,

- I am a member of the HCBA New Lawyers’ Section and do not have the experience required to participate in the Lawyer Referral & Information Service Standard Panel. I am enclosing my LAR Panel registration fee of \$50; or,

- I do not currently participate in the Lawyer Referral & Information Service Standard Panel and am only interested in referrals through the LAR Panel. I am enclosing my LAR Panel registration fee of \$150.

Make check payable to HCBA or fill out your credit card information.

VISA / MasterCard / Discover/AmEx

Credit Card Number: _____ Expiration Date: _____

Security Code (last 3 or 4 digits on the back in signature box): _____

Billing Address, if different from mailing address: _____

Cardholder's Name & Signature: _____

Return this form, your payment and insurance coverage page to:

LRIS Coordinator
Hampden County Bar Association
50 State Street, Room 137
Springfield, MA 01103

WAIVER

I hereby authorize the Board of Bar Overseers (BBO) to release any and all information to the HCBA regarding any disciplinary proceedings that have been commenced against me by the BBO within the past five (5) years. This does not include complaints that have not resulted in the commencement of disciplinary proceedings. I understand that applicants who have been disciplined within the past five years and not reviewed by the HCBA will not be accepted until after satisfactory review by the Committee. Current panelists who are disciplined will be suspended until after a favorable review by the HCBA.

My signature hereon indicates that I have read both the Lawyer Referral & Information Service Rules of the Hampden County Bar Association and the above waiver regarding the release of pertinent information by the BBO and agree to abide by the same.

Read and signed: _____ Date: _____

Print name: _____ BBO# _____