

LRS Member Information 2009/2010

BEFORE COMPLETING THIS APPLICATION, PLEASE READ THE LRS DESCRIPTION & RULES OF OPERATION (FIND AT WWW.AUSTINLRS.COM).

Please give us as much information as possible about your practice. (form modified 12/09/09)

Name _____ Firm name _____

Home Address _____ Zip _____

Office Address _____ Zip _____

Nearest major intersection _____ Number of attorneys in your firm: _____

Business Phone _____ Fax _____

Email _____

May LRS add its link to your website? (this will enhance your site and the LRS site in searches) _____

In what counties do you practice? _____ Do you practice statewide? _____

Date licensed in TX _____ Law school _____

Bar Card Number _____ Date of Birth _____

Other states/dates in which licensed _____ Other degrees (CPA, MD, RN, etc.) _____

In what fields are you board certified? _____

Are you fluent in a second language? If yes, which? _____

Can you provide services to Spanish speaking clients? If yes, how? _____

_____ (staff? hire an interpreter?)

Do you have an area of specialty/a niche you would like us to know about? _____

Do you accept credit cards? _____ Payment plans? _____

Do you want to participate on a Speakers Bureau? Topics? _____

Do you want to participate in writing a legal column? Topics? _____

Are you willing to mentor other LRS attorneys in your area(s) of practice? Your name will be given to your colleague needing a consultation on a legal matter. Although mentors will not be ~~of~~ record, nor be required to hold lengthy meetings with protégé, you may wish to walk a protégé through a process in order to help them achieve higher levels on LRS subject matter applications. Mentors should be willing to accept occasional phone calls and offer information or support on difficult cases.

yes _____ no _____ Areas of the law you will mentor: _____

Will you participate in LegalLine? (held on first Tuesday of each month from 5:30 p.m. to 7:30 p.m.; answer phone calls, give brief legal advice, with at least 5 of your colleagues). yes _____ no _____

(continued)

Certification

I certify that I have read and will abide by all rules promulgated by LRS, as they exist at the time of application and as they may be amended from time to time hereafter. The rules, as may be amended, are incorporated herein for all purposes.

I agree to release any and all information to LRS concerning any disciplinary action or sanction of a public or private nature against me while a member of LRS or within one year prior to joining LRS. All grievance information received by LRS shall remain confidential.

I certify that am competent to practice in the categories designated for referral. I agree to furnish a one-half hour consultation and collect a \$20.00 consultation fee for any client whom I have been notified is being referred to me unless I am notified that the fee has been waived by the LRS or paid in advance to LRS. If further consultation or legal service is required, I will enter into a written fee agreement in advance with the referral client concerning the amount of the fee to be paid by the client.

I specifically agree that I will not raise the fee I charge to the client above those I normally charge for the same or similar services to offset the fee that I pay to the LRS.

On any referral that generates fees of over \$400.00, I agree to remit 15% of the amount of the fee that I receive that is in excess of \$400.00 to LRS within thirty (30) working days of receiving the fee. If co-counsel is engaged, the co-counsel attorney will abide by the percentage fee arrangement, or I will be responsible for the entire fee generated in the engagement. I understand that I must refer potential clients that I turn down back to LRS.

I further agree that I will keep accurate records of all cases sent from the LRS and promptly respond to inquiries by the LRS office, written or oral, regarding any referrals sent to me. I agree that I will promptly remit all consultation fees and percentage fees to the LRS. I understand that failure to comply with the terms hereof shall entitle LRS to pursue all legal and equitable remedies to enforce my obligations. I further certify that I have read, understand, and am in compliance with all the conditions and requirements for membership in the Lawyer Referral Service of Central Texas.

Signature _____ Date _____