

**Family Law 2010-2011**  
Subject Matter Application  
(Rev 6/15/10)

Name: (please print) \_\_\_\_\_

Will you be a mentor? \_\_\_ yes \_\_\_ no. If you want to contact a mentor, call the LRS office.

Are you Board Certified in Family Law? \_\_\_ yes \_\_\_ no

If you **are** Board Certified, you are not required to provide case names or proof of prior experience. Please indicate below which panels you wish to receive referrals. You may choose an unlimited number of sub panels below. Please date and sign the form.

If you **are not** Board Certified, please complete the form. You may choose an unlimited number of sub panels for which you are qualified. If you have relevant experience that falls outside the requirements of this application, provide an explanation in an attachment.

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**SPECIALITY AREAS OF FAMILY LAW**

**COLLABORATIVE LAW**

In order to receive referrals in Collaborative Law, you must have taken an approved training, handled one collaborative case within the past three years, and taken 5 hours of collaborative law related CLE within the last three years. Please submit proof of training and CLE.

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored by: \_\_\_\_\_

\_\_\_ I have met the above requirements and I am qualified to receive referrals in Collaborative Law.

**FAMILY LAW MEDIATION**

In order to receive Family Law Mediation referrals, you must have completed a 40 classroom hours of mediation training pursuant to Ch. 154.052(a), Texas Practice and Remedies Code, and conducted one formal family law mediation within the past year.

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored by: \_\_\_\_\_

\_\_\_ I have met the above requirement and I am qualified to receive referrals in family law mediation.

## LIMITED SCOPE REPRESENTATION

Limited Scope Legal Representation is intended for self-represented litigants who may not need to hire an attorney for full representation, but who need specific advice, services, document review, etc.

The attorney/client mutually agrees to handle a specific and limited service or services, tailored to the needs and concerns of the client, using a detailed contract. The attorney/client understands that this type of practice is a joint effort on the part of the attorney and client, and that the attorney has a specified end to what he or she will perform. This is not a substitute for traditional legal services. It is an alternative form of representation for the pro se litigant.

In order to participate in this panel, you must attest to the following:

I have received and reviewed the Limited Scope Panel Handbook that includes risk management and best practice materials.

I will follow the practices outlined in the Handbook and in other materials when assisting clients referred by the Lawyer Referral Service.

I will utilize written retainer agreements and retain written records documenting the scope of limited services for each client, including changes in scope when assisting clients referred by the Lawyer Referral Service.

I will use the Notice of Limited Scope and Notice of Withdrawal form, when and if approved by the Travis County judiciary and by local rule, when assisting client referred by the Lawyer Referral Service.

This is not a service designed to meet the interests of only low-income clients. Panelists may charge their regular fees as determined at the time of the initial interview and screening. Consultation fee and percentage fee rules will apply.

LRS will provide training, specialized sample fee agreements, and screening tips for limited scope representation.

Types of Limited Scope services I offer:

- |  |  |
|--|--|
| <input type="checkbox"/> Coaching                          | <input type="checkbox"/> Responding to discovery |
| <input type="checkbox"/> Document review                   | <input type="checkbox"/> Domestic violence       |
| <input type="checkbox"/> Document preparation/ghostwriting | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Court appearances                 | _____  |
| <input type="checkbox"/> Negotiations / Mediation          | _____  |
| <input type="checkbox"/> Legal research                    |  |

Qualifications:

I have been in practice at least three (3) years and I have three (3) hours of Limited Scope legal representation training.

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored by: \_\_\_\_\_

## MATCH PROGRAM (REDUCED LEGAL FEE)

The Match Program is a reduced fee program that assists modest income legal consumers to obtain legal counsel. The maximum hourly rate for eligible clients is \$75.00 per hour. Consultation fees are collected but no percentage fees will be paid to LRS.

If you handle only Match Program referrals, LRS will waive first year dues and will provide malpractice insurance coverage. If you handle full fee LRS referrals, you are required to have professional liability insurance coverage at your expense.

LRS staff initially screens Match callers using the federal poverty guidelines. Callers are informed of the hourly rate and given information that a retainer may be required. ***The attorney is strongly encouraged to further screen the client.*** If you find the client does not qualify for the Match program (income is not within accepted guidelines), please notify LRS.

### General Practice Part A Selections

**For referrals in any panel in Part A, you must** have handled two cases (as lead attorney) within the last 3 years specifically involving the panels you have chosen. Or: 8 contested cases and 2 cases involving contested custody or property.

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Contested hearings/divorce (involving property/assets and children) |                                |
| <input type="checkbox"/> Grandparent access  | <input type="checkbox"/> Match |
| <input type="checkbox"/> Family violence   | <input type="checkbox"/> Match |
| <input type="checkbox"/> Appeals   | <input type="checkbox"/> Match |
| <input type="checkbox"/> Pre/post nuptial agreement  | <input type="checkbox"/> Match |
| <input type="checkbox"/> Collaborative (see requirements)                                    |                                |

1. Name of Panel: \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

2. Name of Panel: \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

3. Name of Panel: \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

4. Name of Panel: \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

5. Name of Panel: \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

6. Name of Panel: \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

7. Name of Panel: \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

8. Name of Panel: \_\_\_\_\_ Year of Disposition \_\_\_\_\_

Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

\_\_\_\_ I certify that 25% of my practice is in family law and I have disclosed this percentage on my application for malpractice insurance. I certify that I have five (5) hours CLE in family law in the past year.

**Part B Selections**

For referrals in any panel in Part B, you must have been lead attorney, **within the last 3 years**, on 4 contested cases in any kind of family law case and must have conducted 2 contested hearings. Please select the panels in which you wish to receive referrals.

- |   |                                |  |                                |
|---|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> Divorce with children            | <input type="checkbox"/> Match | <input type="checkbox"/> Paternity                           | <input type="checkbox"/> Match |
| <input type="checkbox"/> Interstate/foreign custody       | <input type="checkbox"/> Match | <input type="checkbox"/> Divorce involving bankruptcy        | <input type="checkbox"/> Match |
| <input type="checkbox"/> Child protective services issues | <input type="checkbox"/> Match | <input type="checkbox"/> Military divorce                    | <input type="checkbox"/> Match |
| <input type="checkbox"/> Modification                     | <input type="checkbox"/> Match | <input type="checkbox"/> Adoption with termination           | <input type="checkbox"/> Match |
| <input type="checkbox"/> Protective orders                | <input type="checkbox"/> Match | <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender | <input type="checkbox"/> Match |

1. Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

2. Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

3. Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

4. Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

5. Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

6. Case Name, Number, County \_\_\_\_\_

Nature of Case \_\_\_\_\_ Did case go to hearing? \_\_\_\_\_

Judgment or resolution \_\_\_\_\_ Your client \_\_\_\_\_

I certify that 25% of my practice is in family law and I have disclosed this percentage on my application for malpractice insurance. I certify that I have five (5) hours CLE in family law in the past year.

### Part C Selections

For referrals in any of the panels selected below, you need no prior experience. If you require the assistance of a mentor, you are encouraged to contact LRS. Please indicate the panels in which you wish to receive referrals.

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Name changes   | <input type="checkbox"/> Match |
| <input type="checkbox"/> Uncontested divorce                                  | <input type="checkbox"/> Match |
| <input type="checkbox"/> Enforcement  | <input type="checkbox"/> Match |
| <input type="checkbox"/> Adoption without termination                         | <input type="checkbox"/> Match |
| <input type="checkbox"/> Paternity / uncontested / establish of child support | <input type="checkbox"/> Match |
| <input type="checkbox"/> Emancipation   | <input type="checkbox"/> Match |
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I certify that the information on this application is true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_