

Please return to:
LRS, P.O. Box 218, Austin TX 78767

Attorney Line: 472-1311
Fax: 472-2695

Family Law 2009
Subject Matter Application
(updated 10/22/09)

Please print:

Name: _____ Firm: _____

Are you willing to be a mentor? __ yes ___ no in what areas? _____

Would you like to contact a mentor? Call the LRS office @ 472-1311.

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 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 panels below for which you are qualified. Please complete the application as completely as possible. If you have relevant experience that falls outside the requirements of this application, provide an explanation in an attachment or forwarding letter. Please date and sign the form on the last page.

PART A

For Part A and B, you must have had full responsibility (lead attorney) for all cases listed in this application, or, if not, please attach an explanation.

For referrals in any selected panel in Part A, applicant **within the last three (3) years** must have handled two (2) cases specifically involving the panels you have chosen. Repeat process for each choice in Part A.

- | | |
|---|--------------------------------------|
| ___ (FA1) Contested (property over \$500,000) | ___ (FA4) Parental kidnapping |
| ___ (FA2) Interstate/foreign custody / UCCJEA | ___ (FA5) Pre/post nuptial agreement |
| ___ (FA3) Appeals | ___ (FA8) Collaborative |

1. Case, Number, County _____

Nature of Case _____ Year of Disposition _____

Judgment or resolution _____ Your client _____

2. Case, Number, County _____

Nature of Case _____ Year of Disposition _____

Judgment or resolution _____ Your client _____

3. Case, Number, County _____

Nature of Case _____ Year of Disposition _____

Judgment or resolution _____ Your client _____

4. Case, Number, County _____

Nature of Case _____ Year of Disposition _____

Judgment or resolution _____ Your client _____

5. Case, Number, County _____

Nature of Case _____ Year of Disposition _____

Judgment or resolution _____ Your client _____

6. Case, Number, County _____

Nature of Case _____ Year of Disposition _____

Judgment or resolution _____ Your client _____

7. Case, Number, County _____

Nature of Case _____ Year of Disposition _____

Judgment or resolution _____ Your client _____

8. Case, Number, County _____

Nature of Case _____ Year of Disposition _____

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.

COLLABORATIVE LAW

In order to receive referrals in Collaborative Law, you must have take approved 1-day training, taken 3 collaborative cases within the past three years and take 5 hours of collaborative law related CLE.

____ I am qualified to receive referrals in Collaborative Law.

MEDIATION

____ ME1 Family Law Mediation

In order to receive Mediation referrals, you must meet the requirements of a Credentialed Mediator (40 hours of mediation training, with 10 mediations within the past year.

____ I am qualified to receive referrals in Mediation.

PART B

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

- | | |
|---|---|
| <input type="checkbox"/> (FB1) Divorce with children | <input type="checkbox"/> (FB8) Grandparent access |
| <input type="checkbox"/> (FB2) Contested (property less than \$500,000) | <input type="checkbox"/> (FB9) Adoption with termination |
| <input type="checkbox"/> (FB3) Divorce with contested child custody | <input type="checkbox"/> (FB10) Interstate child support |
| <input type="checkbox"/> (FB4) Termination of parental rights / CPS | <input type="checkbox"/> (FB11) Protective orders |
| <input type="checkbox"/> (FB5) Enforcement of decrees | <input type="checkbox"/> (FA6) Divorce involving bankruptcy |
| <input type="checkbox"/> (FB6) Modification of decrees | <input type="checkbox"/> (FA7) Military divorce |
| <input type="checkbox"/> (FB7) Paternity, contested | |

1. Case, Number, County _____

Nature of Case _____ Year of Disposition _____

Judgment or resolution _____ Your client _____

2. Case, Number, County _____

Nature of Case _____ Year of Disposition _____

Judgment or resolution _____ Your client _____

3. Case, Number, County _____

Nature of Case _____ Year of Disposition _____

Judgment or resolution _____ Your client _____

4. Case, Number, County _____

Nature of Case _____ Year of Disposition _____

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

For any of the selected panels below, you are not required to prove prior experience. Please indicate the panels in which you wish to receive referrals.

- | | |
|---|---|
| <input type="checkbox"/> (FC1) Name changes | <input type="checkbox"/> (FC4) Emancipation |
| <input type="checkbox"/> (FC2) Uncontested/without children | <input type="checkbox"/> (FC5) Paternity: uncontested |
| <input type="checkbox"/> (FC3) Adoption (without termination) | <input type="checkbox"/> (FC6) Powers of attorney |

MATCH PROGRAM APPLICATION/RENEWAL

What is it?

The Match Program assists those with modest incomes obtain legal counsel. Attorneys who join the Match Program agree to take cases at reduced rates of up to \$75.00 per hour (maximum) for eligible residents. Consultation fees are collected but no percentage fees will be paid to LRS.

Who can participate?

Any family law practitioner can be a Match attorney. The LRS provides professional liability insurance coverage for attorneys taking only Match cases. If you handle LRS cases other than Match cases, you will need professional liability insurance coverage. If you join the Match Program *only*, your LRS membership dues will be waived for the first calendar year you participate (yearly dues are not pro-rated).

Who screens the clients?

LRS staff initially screens Match callers using the federal poverty guidelines. Callers are informed of the hourly rate and the retainers. ***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.

Indicate the Match Program cases you are willing to receive:

- | | |
|---|---|
| <input type="checkbox"/> (MA2) Interstate or foreign child custody | <input type="checkbox"/> (MB7) Paternity, contested |
| <input type="checkbox"/> (MA3) Appeals | <input type="checkbox"/> (MB8) Grandparent access |
| <input type="checkbox"/> (MA4) Parental kidnapping | <input type="checkbox"/> (MB9) Adoption with termination |
| <input type="checkbox"/> (MA6) Divorce involving bankruptcy | <input type="checkbox"/> (MB10) Interstate child support |
| <input type="checkbox"/> (MA7) Military divorce | <input type="checkbox"/> (MB11) Protective orders |
| <input type="checkbox"/> (MA8) Collaborative law (see requirements) | <input type="checkbox"/> (MC1) Name changes |
| <input type="checkbox"/> (MB1) Divorce with children | <input type="checkbox"/> (MC2) Uncontested/without children |
| <input type="checkbox"/> (MB2) Contested/w property | <input type="checkbox"/> (MC3) Adoption (without termination) |
| <input type="checkbox"/> (MB3) Divorce with contested child custody | <input type="checkbox"/> (MC4) Emancipation |
| <input type="checkbox"/> (MB4) Termination of parental rights / CPS | <input type="checkbox"/> (MC5) Paternity: uncontested |
| <input type="checkbox"/> (MB5) Enforcement of decrees | |
| <input type="checkbox"/> (MB6) Modification of decrees | |

I certify that the information on this application is true and correct to the best of my knowledge, information, and belief.

Date _____ Signature _____