

NAME: \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

**ATTORNEY PANELIST INFORMATION**

- Do you practice in Federal Court?  YES  NO
- Do you take cases against government agencies?  YES  NO
- Do you do litigation?  YES  NO

**LRS PANELIST ANNUAL MEMBERSHIP DUES**

- I am a PCBA member, and have enclosed my **\$50** annual LRS attorney membership fee for the 2012 calendar year.
- I am not a PCBA member, and have enclosed my **\$150** annual LRS attorney membership fee for the 2012 calendar year.

**LRS Membership Dues are Non-Refundable  
& are good from Jan. 1, 2012 to December 31, 2012**  
Make checks payable to: Pima County Bar Association

**For MC, Visa, Discover, or AmEx Charges, please indicate:**

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

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please enroll me as a member of the LRS panel.  
I certify that:**

- I am a member in good standing of the State Bar of Arizona.
- I have been actively engaged in the practice of law for *at least one (1) year*.
- For all selected SIMPLE subject panel areas, I have handled at least two (2) matters to completion. For all selected EXPERIENCED subject panel areas, I meet the specific requirements listed on page 2, and have provided the requested information & attachments.
- I carry a minimum of \$100,000 in professional liability insurance coverage and provide a copy of the current declaration page of such policy with this application. I will also provide the same documentation as requested in the future.
- I will provide a 30-minute consultation to each client referred to me thru LRS. If I am unable to provide the consultation, I will refer the client back to LRS and not refer the client to another attorney.
- I will provide an in-person consultation with the client, unless the client has time or location limitations, or *the client* specifically prefers a phone consultation.
- I will complete and return the LRS Response forms within seven (7) days of receipt. I would like to receive them:  By Fax  By Email
- I will notify LRS if there are any changes to my status/standing with the State Bar of Arizona or my professional liability insurance within 14 days.
- I have read and understand the LRS Program Policies.
- I agree to abide by all of the LRS policies and indemnify and hold harmless the Pima County Bar Association (PCBA) from any and all claims, demands, actions, liability or loss which may arise from, or be incurred through, any negligence or conduct that causes damage to a client referred by LRS. I also waive any and all claims against PCBA for loss arising from LRS operations and policies.

Signature: \_\_\_\_\_

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

**Send completed form, copy of current insurance declaration page, any CLE documentation & payment to:**

**PCBA, 177 N. Church Ave., #101, Tucson, AZ 85701  
or Fax to (520) 623-9772.**

**Questions? Call 623-8258.**

**To avoid interruptions in receiving referrals,  
PLEASE SUBMIT MATERIALS & PAYMENT  
BY DECEMBER 31, 2011.**

# Lawyer Referral Service Panelist Areas

\* You may select a maximum of SIX (6) areas of law.

## SIMPLE SUBJECT PANELS

For each selected area, you must have handled at least two (2) matters to completion.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Administrative Law    | <input type="checkbox"/> Criminal Misdemeanors                               | <input type="checkbox"/> Guardian/Conservatorship   | <input type="checkbox"/> Probate & Wills               |
| <input type="checkbox"/> Adoptions             | <input type="checkbox"/> Dependencies, Severance & Child Protective Services | <input type="checkbox"/> Homeowners Association     | <input type="checkbox"/> Real Estate                   |
| <input type="checkbox"/> Bankruptcy            | <input type="checkbox"/> Discrimination                                      | <input type="checkbox"/> Immigration/Naturalization | <input type="checkbox"/> Repossessions                 |
| <input type="checkbox"/> Chapter 7             | <input type="checkbox"/> Elder Law   | <input type="checkbox"/> Insurance                  | <input type="checkbox"/> School Law                    |
| <input type="checkbox"/> Chapter 11            | <input type="checkbox"/> Employment Law                                      | <input type="checkbox"/> Juvenile                   | <input type="checkbox"/> Service & Veterans' Rights    |
| <input type="checkbox"/> Chapter 13            | <input type="checkbox"/> Estate Planning                                     | <input type="checkbox"/> Land Law                   | <input type="checkbox"/> Social Security Disability    |
| <input type="checkbox"/> Business Organization | <input type="checkbox"/> Family Law  | <input type="checkbox"/> Landlord/Tenant            | <input type="checkbox"/> Appeals                       |
| <input type="checkbox"/> Business Sales        | <input type="checkbox"/> with Children                                       | <input type="checkbox"/> Mental Health              | <input type="checkbox"/> Workers' Compensation         |
| <input type="checkbox"/> Civil Rights          | <input type="checkbox"/> without Children                                    | <input type="checkbox"/> Negligence                 | <input type="checkbox"/> Other (Please specify): _____ |
| <input type="checkbox"/> Collections           | <input type="checkbox"/> Foreclosure   | <input type="checkbox"/> Personal Injury            | _____  |
| <input type="checkbox"/> Consumer Protection   | <input type="checkbox"/> General Civil Litigation                            | <input type="checkbox"/> Property & Personal Injury | _____  |
| <input type="checkbox"/> Contracts             |  |   |  |

## EXPERIENCED SUBJECT PANELS

For each selected area below, the attorney shall have been in practice a **minimum of three (3) years**.

1. Please sign your initials to certify that you meet the stated panel membership requirements.
2. List the case numbers below of three (3) cases that support the panel area requirements.
3. Submit copies of CLE Affidavit(s) of Compliance that support the participation in the panel area.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> <b>Felony &amp; Capital Criminal</b>   | <input type="checkbox"/> <b>Malpractice</b><br><input type="checkbox"/> Legal <input type="checkbox"/> Medical | <input type="checkbox"/> <b>Patent/Trademark/Copyright *</b>   | <input type="checkbox"/> <b>Tax</b>  |
| 1. Have handled three (3) separate felony cases to conclusion AND   | 1. Have handled three (3) separate legal or medical cases to conclusion AND                                    | 1. Have handled three (3) separate cases in this area to conclusion AND                                      | 1. Have handled three (3) separate tax cases to conclusion AND                           |
| 2. Shall have been the attorney on record AND   | 2. Shall have been the attorney on record AND  | 2. Shall have been the attorney on record AND  | 2. Shall have been the attorney on record AND  |
| 3. Have fully prepared for trial AND  | 3. Have fully prepared for trial AND   | 3. Have fully prepared for trial AND   | 3. Have fully prepared for trial AND   |
| 4. Shall have completed 12 CLE credits in criminal practice and research topics in the last three (3) years | 4. Shall have completed 12 CLE credits in legal/medical malpractice topics in the last three (3) years         | 4. Shall have completed 12 CLE credits in patent, trademark, or copyright topics in the last three (3) years | 4. Shall have completed 12 CLE credits in tax-related topics in the last three (3) years |

Initial: \_\_\_\_\_

Initial: \_\_\_\_\_

Initial: \_\_\_\_\_

Initial: \_\_\_\_\_

Felony & Capital Criminal Cases: #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

Malpractice – Legal Cases: #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

Malpractice – Medical Cases: #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

Patent/Trademark/Copyright Cases: #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

Tax Cases: #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

\* **For Patent/Trademark/Copyright:** Please note your Patent & Trademark Office Registration No. \_\_\_\_\_ AND include documentation of additional insurance coverage as required by law.