



THE
**CHICAGO
BAR
ASSOCIATION**

LAWYER REFERRAL SERVICE

321 S. Plymouth Ct.
Chicago, IL 60604
(312) 554-2000

CONSUMER PROTECTION PANEL APPLICATION

NAME:

First: MI Last:

BUSINESS ADDRESS:

Number: Street:
Suite: City: Zipcode:

Business Phone: *(type numbers only, field will format automatically)* Fax:

E-mail: Web Address:

HOME ADDRESS:

Number: Street:
Suite: City: Zipcode:

Home Phone: *(type numbers only, field will format automatically)*

Illinois Attorney Registration Number:

BIRTHDATE:

BIRTHPLACE: City: State:

What are the limits of your coverage in Professional Liability (Malpractice Insurance)? Give name of company, number and date of policy, and deductible. PLEASE ENCLOSE COPY OF COVER PAGE. If practice is within a law firm, include letter from firm partner stating that the law firm's professional liability policy would cover your work on CBA referrals.

EDUCATIONAL BACKGROUND:

College(s):

Date of Degree:

Law School(s):

Date of Degree: J.D. LL.B.

Honors, awards, law review, other activities or achievements:

(a) When were you admitted to practice in Illinois? Month: Year:

(b) How long have you practiced in Illinois? Month: Year:

Have you been admitted to the Federal Trial Bar?

When? Month: Year:

PROFESSIONAL PRACTICE:

Describe your present practice, including title, position, your duties or type of practice, inception date and list name of firm.

List previous professional experience (use additional sheets, if necessary)

EMPLOYER:

ADDRESS: PHONE:

YOUR POSITION: DATES: TO

PRESENT

NATURE OF FIRM'S PRACTICE:

NATURE OF YOUR PRACTICE / DUTIES:

EMPLOYER:

ADDRESS:

PHONE:

YOUR POSITION:

DATES:

TO

PRESENT

NATURE OF FIRM'S PRACTICE:

NATURE OF YOUR PRACTICE / DUTIES:

Have you had any occupation/employment since your admission into practice other than the full-time private practice of law?

What office calendar/support system(s) do you use for follow-up, tracking cases, etc.?

Do you use a written retainer agreement with clients?

What foreign language(s) do you speak?

Is your office handicap accessible?

Is sign language available?

JURY TRIAL EXPERIENCE: PLEASE STATE AS TO THE LAST FIVE YEARS: *(Give number for each, including 0 if none)*

AS TRIAL COUNSEL:

Jury cases to verdict: CIVIL CRIMINAL

Jury cases started but which did not go to verdict: CIVIL CRIMINAL

AS PREPARATION COUNSEL:

The number of jury cases commenced: CIVIL CRIMINAL

List three jury cases which you have tried to verdict, including names of attorneys and judges: (Or attach references from jury verdict reporter for three jury cases)

1 Name of Case:

Case Number:

Judge:

Opposing Attorney:

2 Name of Case:

Case Number:

Judge:

Opposing Attorney:

3

Name of Case:

Case Number:

Judge:

Opposing Attorney:

NON-JURY TRIAL EXPERIENCE: PLEASE STATE AS TO THE LAST FIVE YEARS: *(Give number for each, including 0 if none)*

The number of contested non-jury cases commenced? CIVIL CRIMINAL

How many of those cases went to judgement after trial on the merits? CIVIL CRIMINAL

How many non-contested cases involving court appearances have you handled? CIVIL CRIMINAL

CONSUMER PROTECTION EXPERIENCE: *(Give number for each, including 0 if none)*

Number of years in which you have spent at least 25% of your time handling consumer protection matters?

Describe your experience in litigating consumer protection matters, giving the nature of the proceeding and the nature of your participation/extent of involvement.

How many consumer protection cases have you handled to conclusion representing the defendant?

Representing the plaintiff?

How many consumer protection cases have you handled to conclusion representing the defendant?

Number of consumer protection cases settled prior to litigation?

Describe your experience in administrative and uncontested matters pertaining to consumer protection matters, including the nature of the proceeding and the nature of your participation/extent of involvement.

Approximately how many of the following types of cases have you personally handled? (Give number for each including 0 if none)

Auto repossessions or deficiencies

Buyer protection

Consumer fraud

Credit disclosure (including Truth in Lending)

Deceptive business practices

Unconscionable practices

Warranty (express, implied, etc.)

Other consumer matters

Specify Other

List all seminars, symposia, lectures, or legal meetings in the nature of continuing legal education in the area of your concentration which you have attended in the past five years, stating as to each: date, sponsoring organization, subject(s).

If you have ever taught or lectured at a law school, or participated as a speaker, lecturer, panelist, etc. in the area of your concentration, provide details.

If you have written any articles, treatises, texts, text or handbook chapters, or other writings on legal matters which have been published, give as to each the complete citation, including publisher date, title, and subject matter and list names and current office addresses and phone numbers of any persons who co-authored, collaborated or assisted in the writing or research. Use separate attachment.

BAR ASSOCIATIONS AND ACTIVITIES:

List all national, state, local, specialty, honorary and other bar associations or other legal societies to which you have belonged. State as to each your committee membership and other activity, office(s) held, etc.

Has your right to practice before any court, agency or tribunal ever been denied, revoked or suspended?

Have you ever been the subject of an inquiry or complaint with any attorney registration, regulatory or disciplinary body?

If your answer is yes to either of these questions, please attach a statement of the facts and circumstances.

REFERENCES:

Attach letters of reference from at least three but no more than five lawyers (not in your firm or sharing an office or suite with you) who have personal knowledge of your legal expertise in the area in which you are applying. They must have had adequate opportunities for observing your professional and general conduct and ability. *The letters must be signed, on letterhead.*

PERSONAL STATEMENT:

Briefly explain on a separate sheet why you believe you are qualified to serve on this panel. (include date & signature)

APPLICANT'S SIGNATURE _____

DATE: _____

THE CHICAGO BAR ASSOCIATION
LAWYER REFERRAL SERVICE RULES

Carefully Read the Following Before Signing

I, the undersigned, consent that the information furnished by me may be used by The Chicago Bar Association to determine my qualifications to participate in the Lawyer Referral Program. I also authorize the Illinois Supreme Court Attorney Registration and Disciplinary Commission or any other bar association or disciplinary body to furnish The Chicago Bar Association with information concerning complaints against me.

The undersigned will in no event hold the Association or any officer or any committee member to any liability whatever in connection with the Lawyer Referral Service. I consent that my name may be classified at the discretion of the committee or withdrawn from classification at any time provided that I may withdraw from the plan at any time by written notice to the Association. I acknowledge that, inasmuch as it is not a right but a privilege to participate, a lawyer may be temporarily suspended or permanently removed from a Lawyer Referral Service panel for good cause shown. I understand that upon receipt of any complaint against me, I may be re-screened. While participating, I agree:

(A) To consult with any person wishing to consult me under the plan and who, if there is an office consultation, pays me in advance the consultation fee fixed by the committee. This consultation fee must be remitted to the Association for all office consultations under the plan, whether or not I have collected the fee from the referred person. If subsequent legal employment is contemplated, I agree to discuss the subject of my charges with the client, and if any dispute should arise over fees, I agree to submit the question of fees to the Committee on Professional Fees of The Chicago Bar Association. The consultation fee may be waived in any matrimonial referral classified as a fee from-spouse referral in which the client is referred to an attorney on the Lawyer Referral Service who will collect costs from the client and secure an order for fees from the spouse.

(B) Promptly (*within 30 days*) to return to the Association all statements of referrals accurately completed, to notify the Association of any office consultations under the plan, to state whether or not I was retained by the referred persons, and to forward to the Association remittances when due.

(C) Any client which I receive through the Lawyer Referral Service will be my responsibility as to the matter referred and as to collateral matters arising therefrom. If I am not able to handle the client, I will refer the client back to The Chicago Bar Association. I understand that I may have assistance in handling the client, but the responsibility for the client and payment of the referral fee will be solely mine. If I should leave a firm with which I am associated, I agree to notify all CBA-referred clients by letter, with a copy to the CBA Lawyer Referral Service, of the client's options, including continuing my services, being referred to the CBA for another referral, or remaining with the law firm.

(D) To render occasional charitable service when requested by a member of the staff.

(E) To pay in advance each year the annual registration fee fixed by The Chicago Bar Association and maintain in force professional liability insurance.

(F) To abide by the Lawyer Referral Service Statement of Standards and Practices.

(G) To refrain, in any advertising, from alluding to my relationship with the Lawyer Referral Service.

(H) Not to charge clients received through the Lawyer Referral Service additional fees for expenses or fees I may incur through my participation in the Service.

(I) To promptly notify the Lawyer Referral Service in the event my professional liability insurance is terminated, cancelled, modified or claims against me exceed policy limits for the policy period.

I understand that if I do not satisfactorily abide by these rules, I may be temporarily suspended or permanently removed from the Lawyer Referral Service.

PLEASE COMPLETE THE FOLLOWING:

I (check one) AM AM NOT a member of a law firm.

**If in a firm you will be sent an "Acknowledgment Form" for the firm to complete.*

ATTORNEY REGISTRATION NUMBER: _____

EMAIL ADDRESS _____

SIGNATURE OF APPLICANT _____

DATE: _____

To apply for the Lawyer Referral Service Program Consumer Protection panel, please print the registration form, completely fill it out and mail or fax it to:

Brenda Ott

Director, Lawyer Referral Service
The Chicago Bar Association
321 S. Plymouth Court
Chicago, IL 60604
312.554.2071 or 312.554.2000
fax: 312.554.2139