



THE
**CHICAGO
BAR
ASSOCIATION**

LAWYER REFERRAL SERVICE

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

RESIDENTIAL REAL ESTATE 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)*

BIRTHDATE:

BIRTHPLACE:

City:

State

Date of Admission to the Illinois Bar:

Illinois Attorney Registration Number:

Law School(s):

Date of Degree:

How long have you practiced law in Illinois?

List your legal employment beginning with your current employment (use additional sheets, if necessary and include all dates)

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:

EMPLOYER:

ADDRESS: **PHONE:**

YOUR POSITION: **DATES:** **TO**

PRESENT

NATURE OF FIRM'S PRACTICE:

NATURE OF YOUR PRACTICE / DUTIES:

Give a general description of your experience in closing Residential Real Estate transactions.

For what period of time have you been handling Residential Real Estate Closings?

Average number of Residential Real Estate Closings per year that you handle.

Approximately how many of the following types of Residential Real Estate Closings or other matters have you handled? (give number for each, including 0 if none)

● Single Family Transactions

● Single Family Transactions - New Construction

● Condominiums

● Condominiums - New Construction

● Cooperative Dwelling Units

● Apartment Buildings - 1 to 6 units

● Apartment Buildings - 1 to 6 units - New Construction

● Landlord/Tenant Matters

What percentage of your practice consists of Residential Real Estate transactions?

Are you a title agent?

Are you a shareholder or officer or director of any title company?

List all seminars or other such activities in the nature of continuing legal education pertaining to Real Estate Law that you have attended in the past five years, stating as to each the date, sponsoring organization and subject matter.

List all legal courses, seminars or speeches pertaining to Real Estate Law which you have given, stating as to each the date and time.

List any legal publications pertaining to Real Estate Law you have authored or co-authored, furnishing as to each, a citation as to the publication and the names of your co-authors.

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

What foreign language(s) do you speak?

What are the limits of your professional liability insurance coverage? Give name of company, number and date of policy, and deductible.

Please attach the cover sheet of your malpractice policy. We cannot process your application without this information.

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 TO THIS APPLICATION THREE LETTERS OF REFERENCE FROM LAWYERS (*who are not in your office or firm or sharing a suite with you*) FAMILIAR WITH YOUR LEGAL EXPERIENCE AND ABILITY IN THE AREA OF RESIDENTIAL REAL ESTATE LAW. *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 Residential Real Estate 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