



THE
**CHICAGO
BAR
ASSOCIATION**

LAWYER REFERRAL SERVICE

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

APPLICATION FOR SEXUAL ABUSE REFERRAL PANEL

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:

PLACE:

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.

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:

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

If you have ever taught or lectured at a law school, or participated as a speaker, lecturer, panelist, etc. in this area of law, 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.

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:

EMPLOYER:

ADDRESS:

PHONE:

YOUR POSITION:

DATES:

TO

PRESENT

NATURE OF FIRM'S PRACTICE:

NATURE OF YOUR PRACTICE / DUTIES:

Number of years in which you have spent at least 25% of your time in this area of law:

How many cases in this area have you handled in the last five years?

Approximately how many cases have you personally tried through to judgment in each of the following designated area of practice since being admitted to the Bar? (Give a number for each)

Abused minors

Abused adults

Sexual abuse by priest or other clergy

Sexual abuse by physician or dentist

Sexual abuse by lawyer or other professional

Sexual abuse by family member

Sexual abuse involving foster care of DCFS

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:

Type of Case:

2 Name of Case:

Case Number:

Judge:

Opposing Attorney:

Type of Case:

3 Name of Case:

Case Number:

Judge:

Opposing Attorney:

Type of Case:

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

APPELLATE PRACTICE: *(Give number for each, including 0 if none)*

How many cases have you personally handled as principal counsel on appeal?

How many have you orally argued?

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.

PERSONAL AND JUDICIAL 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 of law for 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 your interest in serving on this particular sexual abuse referral panel and describe any special background, knowledge, or experience which you believe especially qualifies you to serve on this panel.

APPLICANT'S SIGNATURE _____

DATE: _____

ARDC NUMBER _____

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: _____

QUALIFICATIONS FOR SEXUAL ABUSE REFERRAL PANEL

General Requirements for participation in The Chicago Bar Association Lawyer Referral Service:

- * Must have been admitted into the practice of law in the State of Illinois
- * Must maintain an office with telephone access
- * Must maintain an adequate office calendar/support system for tracking cases
- * Must complete the written application form provided by The Chicago Bar Association
- * Must supply letters of reference from three to five lawyers knowledgeable about the attorney's experience
- * Must maintain in force professional liability insurance with coverage appropriate for type of practice
- * Must pay the required annual registration fee

Specific Qualifications for the Sexual Abuse Referral Panel:

- * Must have at least ten years' concentrated litigation experience
- * Must have first chaired at least three jury trials
- * Must be knowledgeable about resources for the nonlegal needs of abuse victims, including therapy
- * Must have direct interest in and resources for handling this type of case over the long haul
- * Must have appropriate demeanor, staying power, and persistence for handling sensitive abuse cases

To apply for the Lawyer Referral Service Program Sexual Abuse 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