



Proud to serve the legal profession.

Pima County Bar Association

177 Church Avenue, Suite 101, Tucson, AZ 85701

Phone: (520) 623-8258, Fax: (520) 623-9772

NAME OF ATTORNEY APPLICANT: _____

PIMA COUNTY BAR ASSOCIATION (PCBA)

QUALIFIED-INCOME LEGAL TEAM – **CRIMINAL MISDEMEANORS**

TERMS AND CONDITIONS

1. The attorneys in the Qualified-Income Legal Team Program for criminal misdemeanors (“the Program”) will provide a free initial consultation which may be conducted in person or over the telephone. Prior to the consultation, clients will pay a \$30 application/referral fee to PCBA due at the time of the referral to cover the Program’s administrative costs. If an attorney/client relationship is established, the attorney will provide legal services at a fee discounted from the normal fees chargeable in the community for similar work or service, and pursuant to the following fee schedule:
 - a. Non-DUI misdemeanor: \$750 retainer fee, \$110/hour, plus any incidental costs
 - b. DUI misdemeanor:
 - (i) \$750 if the matter is resolved before the day of trial
 - (ii) \$1,000 if the matter is resolved by plea or final dismissal on the day of trial
 - (iii) \$1,500 if the matter proceeds to trial*Plus any incidental costs*
2. Attorney members of the Program must:
 - (a) Be a **licensed** member in good standing of the Arizona State Bar
 - (b) Be a member of the Pima County Bar Association (or pay a \$150/yr. non-member fee)
 - (c) Demonstrate the required experience in their application
 - (d) Provide documentation of current legal malpractice insurance with a minimum limit of \$100,000
 - (e) Utilize an appropriate written retainer agreement with all referred clients.

Required Experience: Any attorney participating in the panel must be experienced and active in criminal law, and meet the following criteria:

- a. Panel attorneys must demonstrate at least **one** year of criminal law experience.
- b. Panel attorneys must demonstrate that they have conducted at least **three** jury trials.
- c. Panel attorneys must demonstrate that they have handled at least **ten** DUI cases.

Malpractice Insurance: A certificate of the coverage must be provided to PCBA. The minimum limits must be \$100,000 and attorneys must submit their declaration page with this application. Proof of continued insurance coverage will need to be submitted to PCBA on an annual basis in order to remain as an active member of the Program. If coverage is stopped or cancelled, the attorney must notify PCBA within five (5) days.

3. Participation as an attorney member of the Program is contingent upon the review of submitted documentation and subsequent approval by the Pima County Bar Association. An annual review will be performed by PCBA to ensure that all attorney members continue to meet the Program's participation requirements and have provided current proof of insurance.
4. The attorneys involved in the Program practice separate and apart from the Pima County Bar Association, the Pima County Consolidated Justice Court, and from the Pima County government. They are individual practitioners and act in the capacity of an independent contractor. The Pima County Bar Association reserves the right to terminate any attorney from the Program or to add attorneys to the panel as determined by PCBA.
5. The lawyers on the referral panel are professionals and retain the right to independently determine whether they will accept or decline representation or rendition of legal services for any client or in any matter. The same is true for a client. Any client securing the services of an attorney on the referral panel likewise has the right to terminate the relationship for any reason and at any time. If there are disputed unpaid fees remaining to be resolved, all members of the referral panel have agreed to submit such matter to the State Bar of Arizona, if the client desires to resolve the matter in that fashion.

As practitioners, attorneys signing the Terms and Conditions and the Application acknowledge that they are not agents or employees of PCBA and will not hold themselves as such. They also acknowledge that the practitioner is responsible for his or her acts or omissions. All financial arrangements are strictly between the client and the attorney. By signing this document, the attorney member is further agreeing to abide by the presented fee schedule, with any violation resulting in termination from the Program.

6. Any attorney member of the Program can terminate participation on the panel at any time upon giving thirty days written notice. Additionally, any attorney member of the Program can be terminated by PCBA. Termination from the panel shall have no effect on any existing clients or cases. Upon Program termination of non-PCBA members, reimbursement of the annual fee will be reviewed and determined by PCBA.

I, _____, agree to the above terms and conditions of the Pima County Bar Association's Qualified-Income Legal Team Program for Criminal Misdemeanors. By agreeing with the Pima County Bar Association to charge a reduced fee, the undersigned affirms that s/he has not entered into a reduced fee agreement with competing lawyers.

Signature and AZ Bar No.

Date

7. Do you have any other legal training or experience, which would qualify you for membership on this panel?

Yes []

No []

Specify: _____

8. Have you been the subject of a disciplinary proceeding by the State Bar of Arizona or by the Bar of any other State?

Yes []

No []

If so, please attach a detailed description of the nature, date, and result of the disciplinary proceeding.

9. Are you fluent and able to competently represent a client in any language other than English?

Yes []

No []

If so, please specify language(s):

DATE

SIGNATURE OF APPLICANT

Please return signed and completed application with a copy of your certificate of legal malpractice insurance coverage to the PCBA office: 177 Church Avenue, Suite 101, Tucson, AZ 85701 or (520) 623-9772 (fax).

IF YOU ARE NOT A PCBA MEMBER, THE \$150 ANNUAL NON-MEMBER FEE MUST BE INCLUDED WITH YOUR APPLICATION. If your application is not approved, the \$150 fee will be reimbursed to you. Payment options include: Check/Money Orders (payable to "PCBA") or VISA, MasterCard or Discover.

For Visa, MasterCard or Discover charges, please indicate:

Name (Please Print)

Card Number

Signature

Expiration Date