

APPLICATION FOR MEMBERSHIP
LAWYER REFERRAL SERVICE
MAHONING COUNTY BAR ASSOCIATION
114 East Front St., Suite 100
Youngstown, Ohio 44503-1436
PHONE (330) 746-2933
FAX (330) 746-7101

INSTRUCTIONS: Please read the attached Rules of Operation and complete this application. Please send check along with application made payable to Lawyer Referral Service.

NAME: _____
First Middle Last

OHIO SUPREME COURT REGISTRATION NO.: _____

OFFICE ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER _____

FIRM NAME: _____

ADMITTED TO PRACTICE:

1. Year of Admission to Ohio Bar: _____

2. Other States where licensed and year of admission: _____

3. Federal Court Admissions: _____

MEMBERSHIP: Are you a member of the Mahoning County Bar Association? YES _____ NO _____

FOREIGN LANGUAGE ABILITY: NO _____ YES _____
(Specify) _____

NAME OF MALPRACTICE INSURANCE CARRIER:

Policy No.: _____ Date of Expiration: _____

Please attach photocopy of the face sheet from your policy verifying professional liability coverage of at least \$100,000/\$300,000.

DISCIPLINE HISTORY: Have you been disciplined by the Board of Commissioners on Grievances and Discipline of the Ohio Supreme Court or a disciplinary authority of another jurisdiction.

YES _____ NO _____.

If yes, please explain briefly in a separate letter. Your correspondence should be directed to the Chairman of the Lawyer Referral Service, Mahoning County Bar Association and both the application and your letter should be marked personal and confidential.

LRS DUES: The Mahoning County Bar Association Lawyer Referral Service annual dues are assessed at \$75.00 if practicing over three (3) years, or \$25.00 if practicing three (3) years or less. This fee entitles you to choose (5) areas of law for referrals.

PLEASE READ CAREFULLY

I hereby apply for membership on the Lawyer Referral Service of the Mahoning County Bar Association. I certify that I am familiar with all rules governing the Service, and that I will abide by such rules and by all such promulgated by the Association as long as I continue as a member of the Service.

As long as I am a member of the Service, I will pay the annual dues. Furthermore, I will request that each client referred pay a \$15.00 consultation fee. The \$15.00 fee will then be forwarded to the Mahoning County Bar Association LRS within 10 days of the referral. To further defray the operating costs of LRS, I will make an additional contribution equal to 10% of each fee over \$100.00 received from matters referred.

I hereby agree to provide the Lawyer Referral Service Committee notice of any Complaint that may hereafter be filed with the Disciplinary Board of the Ohio Supreme Court, and any disciplinary action taken by said Supreme Court, during the period that I am a member of the Lawyer Referral Service Panel.

I hereby certify that I am competent to handle all legal matters entrusted to me by clients referred by the Service as provided by Canon 6 of Ohio's Code of Professional Responsibility.

I further agree to indemnify and hold harmless, the Mahoning County Bar Association, the Lawyer Referral Service and their officers, agents and employees from any and all liability and costs attendant thereto, (including fees for representation and other litigation expenses) arising out of my participation and/or membership in the Lawyer Referral Service.

Date: _____

Signature: _____