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## Lawyer Referral & Information Service | Application Form

Name \_\_\_\_\_ BPR# \_\_\_\_\_ Phone \_\_\_\_\_

Firm Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Are you a member of the Nashville Bar Association? Yes  No

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As a condition of further participation in this program, I hereby swear and affirm:

(A) I have completed 15 hours of CLE this year. I did so by attending the following:

\_\_\_\_\_  
*\*Or you may attach a copy of your CLE report, which reflects compliance with above requirements.*

(B) I continue to carry professional liability insurance with limits not less than \$100,000/\$300,000. *A copy of the policy face sheet is attached.*

(C) Unless I have litigated to judgment a similar matter, I agree to associate experienced co-counsel in any matter involving \$10,000 or more.

(D) When applying for membership on the Experience Subject Matter Panels (Bankruptcy, Criminal Felony, Personal Injury and Workers' Compensation), I will provide to the Lawyer Referral Service proof of compliance with the panel requirements.

(E) I shall indemnify the NBA, its officers, members, or employees for any loss sustained because of a claim made against me by a client referred through the service.

(F) I agree to the terms and conditions of the NBA Lawyer Referral and Information Service program as it may be amended from time to time.

(G) The NBA reserves the right to audit the file to determine if it has received the appropriate amounts, per our agreement.

(H) If it appears that the parties contemplate entering into a confidential settlement agreement, I shall inform the NBA as quickly as possible that the settlement will, or may, be confidential.

**FEE PARTICIPATION**

The Lawyer Referral and Information Service will receive 15% of any fee collected. All subsequent legal matters that may arise that are not directly related to the original legal matter will not require the submission of a percentage fee to the Lawyer Referral and Information Service.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate the following areas of law in which you will accept referrals and have had past relevant experience or training. Within those areas selected, indicate appropriate subcategories.

**\*NOTE FEE STRUCTURE FOLLOWING LIST OF PANELS FOR MEMBERSHIP FEES.**

\_\_\_ Administrative Law (*\*Federal*)

\_\_\_ Unemployment

\_\_\_ School Board

\_\_\_ Health Board

\_\_\_ Other\* (*specify*) \_\_\_\_\_

\_\_\_ Immigration\*

\_\_\_ ADR

\_\_\_ Mediation

\_\_\_ Child Custody & Parenting Plans

\_\_\_ Divorce

\_\_\_ Health Law & Elder Care

\_\_\_ Probate & Estates

\_\_\_ Real Estate & Construction

\_\_\_ Arbitration

\_\_\_ Commercial & Financial

\_\_\_ Employment

\_\_\_ Intellectual Property

\_\_\_ Professional Liability

\_\_\_ Other (*specify*) \_\_\_\_\_

\_\_\_ Business Dissolution

\_\_\_ Contracts

\_\_\_ Environmental

\_\_\_ Personal Injury

\_\_\_ Appellate

\_\_\_ PCR

\_\_\_ Civil

\_\_\_ Domestic

\_\_\_ General

\_\_\_ Bankruptcy (*Please complete the attached "Subject Matter" requirements form.*)

\_\_\_ Consumer

\_\_\_ Business

\_\_\_ Creditor's Counsel

\_\_\_ Business Organizations

\_\_\_ Civil Rights (*Courtesy panel; No fee*)

\_\_\_ Consumer Rights

\_\_\_ RESPA

\_\_\_ Auto

\_\_\_ Fair Debt Collection

\_\_\_ Lemon Law

\_\_\_ Contracts

\_\_\_ Drafting

\_\_\_ Litigation

\_\_\_ Collections

\_\_\_ Creditor

\_\_\_ Debtor

\_\_\_ Criminal Felony (*Please complete the attached "Subject Matter" requirements form.*)

\_\_\_ Criminal Misdemeanor

\_\_\_ Juvenile

\_\_\_ Traffic

\_\_\_ Domestic Relations

\_\_\_ Divorce (*contested*)

\_\_\_ Divorce (*uncontested*)

\_\_\_ Matters involving DHS

Adoptions  
 Paternity

Custody/Visitation

Child Support

Entertainment

Guardianship/Conservatorship

Elder Law  
 Powers of Attorney

Minor Child Guardianship/Grandparents' Rights

Insurance

Intellectual Property

Copyrights

Trademarks

Patents

Employment Contracts/Title VII

Non-Compete Agreements  
 Pensions  
 Title VII Discrimination/Harassment

Severance Package Negotiation  
 ERISA/Employment Benefits  
 Whistleblower/OSHA

FLSA  
 Mediation

Landlord/Tenant *(Courtesy panel; No fee)*

Landlord

Tenant

Legal Malpractice

Medical Malpractice

Medical Negligence  
 Nursing Home Neglect/Abuse

Dental Malpractice

Wrongful Death

Military

VA Benefits

Litigation

Miscellaneous Tort

Property Damage  
 Slip/Fall

Libel/Slander

Product Liability

Personal Injury *(Please complete the attached "Subject Matter" requirements form.)*

Motor Vehicle

Premises Liability

General Liability

Real Property

Construction Litigation  
 Zoning  
 Mortgage Foreclosures

Real Estate Closings/Transfers  
 Boundary Disputes

Metro Codes  
 Imminent Domain

Social Security Disability

Adult

Child





Lawyer Referral & Information Service
Subject Matter Requirements and Qualification Statement for the Personal Injury Panel

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

In order to be referred matters on the Personal Injury Panel, an attorney must be an attorney of record and have fully prepared for trial and handled to completion, three separate cases in the subject area within five years OR within the last five years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

Please complete the following trial information OR attach a copy of your CLE report, which reflects compliance with the above CLE requirements.

1. Name of Client, Title of Case \_\_\_\_\_
Court \_\_\_\_\_ County \_\_\_\_\_
Description of work completed \_\_\_\_\_
Judge \_\_\_\_\_ Opposing Counsel \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_
Court \_\_\_\_\_ County \_\_\_\_\_
Description of work completed \_\_\_\_\_
Judge \_\_\_\_\_ Opposing Counsel \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_
Court \_\_\_\_\_ County \_\_\_\_\_
Description of work completed \_\_\_\_\_
Judge \_\_\_\_\_ Opposing Counsel \_\_\_\_\_

I affirm the foregoing is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Lawyer Referral & Information Service
Subject Matter Requirements and Qualification Statement for the Criminal Felony Panel

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

In order to be referred matters on the Criminal Felony Panel, an attorney must be an attorney of record and have fully prepared for trial and handled to completion, three separate cases in the subject area within five years OR within the last five years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

Please complete the following trial information OR attach a copy of your CLE report, which reflects compliance with the above CLE requirements.

1. Name of Client, Title of Case \_\_\_\_\_
Court \_\_\_\_\_ County \_\_\_\_\_
Description of work completed \_\_\_\_\_
Judge \_\_\_\_\_ District Attorney \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_
Court \_\_\_\_\_ County \_\_\_\_\_
Description of work completed \_\_\_\_\_
Judge \_\_\_\_\_ District Attorney \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_
Court \_\_\_\_\_ County \_\_\_\_\_
Description of work completed \_\_\_\_\_
Judge \_\_\_\_\_ District Attorney \_\_\_\_\_

I affirm the foregoing is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Lawyer Referral & Information Service**

**Subject Matter Requirements and Qualification Statement for the Workers' Compensation Panel**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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In order to be referred matters on the Workers Compensation Panel, an attorney must be an attorney of record and have handled to completion, six separate cases in the subject area within five years, of which at least three have been taken in front of the BRC OR within the last five years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

Please complete the following case information OR attach a copy of your CLE report, which reflects compliance with the above CLE requirements.

1. Name of Client, Title of Case \_\_\_\_\_  
Court \_\_\_\_\_ County \_\_\_\_\_
  
2. Name of Client, Title of Case \_\_\_\_\_  
Court \_\_\_\_\_ County \_\_\_\_\_
  
3. Name of Client, Title of Case \_\_\_\_\_  
Court \_\_\_\_\_ County \_\_\_\_\_
  
4. Name of Client, Title of Case \_\_\_\_\_  
Court \_\_\_\_\_ County \_\_\_\_\_
  
5. Name of Client, Title of Case \_\_\_\_\_  
Court \_\_\_\_\_ County \_\_\_\_\_
  
6. Name of Client, Title of Case \_\_\_\_\_  
Court \_\_\_\_\_ County \_\_\_\_\_

I affirm the foregoing is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_





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**Lawyer Referral & Information Service  
Subject Matter Requirements and Qualification Statement for the Bankruptcy Panel**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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**A. Chapter 7 Cases**

In order to be referred as counsel to a debtor in a **Chapter 7 Bankruptcy Case**, an attorney must have been the primary attorney of record and have handled to completion, through Notice of Discharge, three separate Chapter 7 cases within one year OR within the last three years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

Please complete the following case information OR attach a copy of your CLE report, which reflects compliance with the above CLE requirements.

1. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

**B. Chapter 13 Cases**

In order to be referred as counsel to a debtor in a **Chapter 13 Bankruptcy Case**, an attorney must have been the primary attorney of record and have handled to completion, including Confirmation, three separate Chapter 13 cases within one year OR within the last three years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

1. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

**C. Chapter 11 Cases**

In order to be referred as counsel to a debtor in a **Chapter 11 Bankruptcy Case**, an attorney must have been the primary attorney of record and have handled to completion, including Confirmation, three separate Chapter 11 cases within three years OR within the last three years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

1. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

**D. Creditor's Counsel**

In order to be referred as counsel to a creditor in a case under any chapter of the Bankruptcy Code, an attorney must have been the primary attorney of record and have handled to completion, three separate Contested matters, as defined under Bankruptcy Rule 9014, within one year OR within the last three years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

1. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

I affirm the foregoing is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_