



QUEENS COUNTY BAR ASSOCIATION

90-35 148th Street, Jamaica, New York 11435 • Tel 718-291-4500 • Fax 718-657-1789 • WWW.QCBA.ORG

APPLICATION AND REGISTRATION QUESTIONNAIRE FOR THE LEGAL REFERRAL SERVICE

- Name: _____
(Print or Type) First Middle Last
Date of Birth _____
- Office: _____
Street Address Room No. City State Zip + 4
Phone: _____ Fax: _____ E-Mail: _____
- I am *(a member of, associated with) the following law firm: _____
*Cross out one or write "None"
- I was admitted to practice in _____ in _____ and have been engaged in active
State Year
practice in the jurisdiction since _____
Year
- I have been admitted to practice in the following state and federal courts in addition to those of
New York State _____
- My practice consists largely of: _____*Trial work
*Please check appropriate description _____*Office work
_____ *Both trial and office work
- The following are names and addresses of three attorneys or judges (none of whom are my present
partners and associates) who have knowledge of the character of my professional work and ability:

- I speak the following foreign languages: _____
- I consider myself particularly qualified or experienced in the following branches of law (specify):

- I will accept cases in the area(s) checked below (limit to five). I consider myself competent in such areas.
Please indicate any specialties or exclusions within area of law.

- | | |
|---|---|
| <input type="checkbox"/> Adoptions | <input type="checkbox"/> Labor Relations & Unemployment Compensation |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Landlord & Tenant |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Libel & Slander |
| <input type="checkbox"/> Civil Service | <input type="checkbox"/> Malpractice |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Negligence |
| <input type="checkbox"/> Consumer Law | <input type="checkbox"/> Patent, Trademark, Copyright, Unfair Competition |
| <input type="checkbox"/> Elder/Guardianship Law | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Decedent's Estates, Wills & Trusts | <input type="checkbox"/> Social Security Appeals (SSI, SSD) |
| <input type="checkbox"/> Domestic Relations (Family Law) | <input type="checkbox"/> Small Claims |
| <input type="checkbox"/> Immigration & Naturalization | <input type="checkbox"/> Traffic Law |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Juvenile Delinquency Matters | |

LEGAL REFERRAL SERVICE DUES PAYMENT

Please check appropriate box(es) below.

- | | |
|---|--|
| <input type="checkbox"/> I wish to become a member of the Referral Panel. | <input type="checkbox"/> Renewing membership on referral panel. |
| <input type="checkbox"/> Registration fee with one area law \$350.00 | <input type="checkbox"/> Additional area(s) of law (limit four) \$ 75.00/per area |
| Amount enclosed \$ _____ | |
| <input type="checkbox"/> Check/Money Order enclosed | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Visa | <input type="checkbox"/> AMEX |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Cash |
| Credit Card Account Number _____ | Expiration Date ____/____/____ |

The undersigned hereby applies for registration on the panel of the Legal Referral Service of the Queens County Bar Association and is **also a member in good standing**. He/she certifies that he/she is familiar with its procedures and that he/she will abide by all rules which may be promulgated by the Association and agrees to be bound thereby.

Date: _____ Signature of Applicant _____

Mail to: Queens County Bar Assn, 90-35 148th Street, Jamaica, NY 11435