

Vermont Bar Association
Lawyer Referral Service Application Form

First Name _____ Middle Initial _____ Last Name _____

Firm/Organization _____

Address _____

City _____ State _____ ZIP Code _____

Phone # _____ Fax # _____

E-Mail Address _____

LOCATIONS:

- | | | | | |
|-------------------------------------|-------------------------------------|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Addison | <input type="checkbox"/> Chittenden | <input type="checkbox"/> Grand Isle | <input type="checkbox"/> Orange | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Bennington | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lamoille | <input type="checkbox"/> Orleans | <input type="checkbox"/> Windham |
| <input type="checkbox"/> Caledonia | <input type="checkbox"/> Essex | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rutland | <input type="checkbox"/> Windsor |

CASE TYPES:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Adoptions | <input type="checkbox"/> Contracts | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Arbitration | <input type="checkbox"/> Copyrights | <input type="checkbox"/> International Law | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Arts Law/Publishing | <input type="checkbox"/> Criminal/DWI Only | <input type="checkbox"/> Juvenile | <input type="checkbox"/> Real Estate/Commercial |
| <input type="checkbox"/> Arts Law/Entertainment | <input type="checkbox"/> Criminal/State | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Real Estate Litigation |
| <input type="checkbox"/> Banking Law | <input type="checkbox"/> Criminal/Federal | <input type="checkbox"/> Landlord Only | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Banking Law/ Commercial | <input type="checkbox"/> Education Law | <input type="checkbox"/> Legal Malpractice | <input type="checkbox"/> Social Security Disability |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Education Law/Special Education | <input type="checkbox"/> Mediation | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Bankruptcy/Creditor | <input type="checkbox"/> Elder Law | <input type="checkbox"/> Mediation Domestic | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Business/Partnerships | <input type="checkbox"/> Employment Law | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Taxation, Property Tax Appeals |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Employment/Labor Relations | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Tort & Negligence |
| <input type="checkbox"/> Civil Unions | <input type="checkbox"/> Environmental Law | <input type="checkbox"/> Mental Health Law | <input type="checkbox"/> Trademarks |
| <input type="checkbox"/> Collaborative Family Law | <input type="checkbox"/> Estate Administration | <input type="checkbox"/> Military Law | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Collection | <input type="checkbox"/> Family Law | <input type="checkbox"/> Military Family Law | <input type="checkbox"/> Wills & Trusts |
| <input type="checkbox"/> Construction Law | <input type="checkbox"/> Family Law/No Custody | <input type="checkbox"/> Municipal Law | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Consumer Complaints | <input type="checkbox"/> Foreclosures | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Zoning |
| | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Patents | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Immigration | <input type="checkbox"/> Professional Licensing | |

Other Languages Spoken: _____

Licensed in other States: _____

PLEASE ATTACH COPY OF DECLARATIONS PAGE FROM YOUR PROFESSIONAL LIABILITY POLICY

I carry Professional Liability insurance in the amount of \$ _____

Name of Insurance Company _____

I agree to hold the Vermont Bar Association harmless from claims by Vermont Bar Association Lawyer Referral Service Clients referred to me. I hereby certify competency in any area of law in which I am seeking referrals, subject to Rule 1.1 of the Rules of Professional Conduct.

Signature

Date

Individual Attorney - \$60.00

Law Firm (5 lawyers or more) - \$300.00

PAYMENT METHOD:

Check enclosed (made payable to Vermont Bar Association)

Credit Card: MasterCard Visa Discover American Express

Credit Card # _____ Exp. Date _____

Cardholder _____

Signature _____

**PLEASE PRINT COMPLETED FORM & MAIL WITH PAYMENT & DECLARATIONS PAGE TO:
VERMONT BAR ASSOCIATION, PO BOX 100, MONTPELIER VT 05601-0100**