



Maine State Bar ASSOCIATION

Lawyer Referral Service

Application & Panel Selections

Checklist

- Application & Panel Selections** *verified signed & dated*
- Signed Certification of Information**
- Signed Statement of Obligation**
- Experience Panel Applications if applicable**
 - Civil Appeals ADR/Mediation Family Law
 - FMLA Employment Law Medical Malpractice
 - Social Security Veterans Benefits & Appeals
- Proof Of Insurance** to be submitted to LRS each year
- Membership Dues *if applicable***
\$150.00 annual fee for NON-MSBA members



AMERICANBARASSOCIATION

Meets ABA Standards
for Lawyer Referral

Authorized to use ABA logo & slogan since June 2005.

Use of the ABA Lawyer Referral Service logo indicates that this lawyer referral program has been reviewed by the ABA and meets the specific public service standards established by the ABA.

ABA approved lawyer referral programs:

- Agree to establish and maintain objective experience criteria for their panel attorneys;
- Provide a mechanism for client feedback and resolving client complaints;
- Do not limit the number of attorneys who may join the Lawyer Referral Service, provided that they meet the objective requirements for panel membership;
- Require and verify that all panel attorneys carry legal malpractice insurance.

The ABA does not review the qualifications of individual lawyers participating in this service. For more details on the ABA standards, visit: www.americanbar.org/groups/lawyer_referral/policy/

What We Make Public

Callers often ask us for information about the attorneys to whom we make referrals. **We do not make recommendations or give personal opinions about any of our members.** We do disclose, when asked, any information we have regarding post-graduate and law degrees, the year the member passed the bar, and the areas of law in which a member is enrolled with us.

Regarding Fees

We do not give specific rates for specific attorneys, firms, or types of legal services. Clients often would like to get an idea of what legal services cost, however, so we do quote them parameters for Maine lawyers in general, as estimated from information from members held confidentially by the service.

For purposes of this estimate, please indicate your average hourly rate: _____

PLEASE NOTE

1. **To be eligible to join LRS**, you must be in good standing with the Maine Board of Bar Overseers at the time of your application for membership.
2. **Your Liability Insurance will need to be updated in our files as it is renewed.** As is required for authorization to use the ABA logo, proof of current insurance is required on file for LRS members.
3. **Each LRS Membership is for the named attorney only.** Membership is based on the information and experience certified by the individual applicant, and does not extend to firms. LRS Standards & Rules do allow referrals to be transferred within a firm *after the initial consultation by the member attorney* subject to certain conditions regarding reporting, remittals, and formal responsibility. (see Standards & Rules)
4. **Each LRS dues payment is for a single office location.** If you have a second office from which you personally practice, AND you would like both office locations and geographic practice areas to come up in panel rotations please include second office information and additional membership fee.

Please keep copies of this application for your records before returning.

APPLICATION

Full Name: _____ Passed Maine Bar (year): _____

Firm Name: _____

Office

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Email Address: _____ Phone: _____

Asst/Staff Name: _____ Email: _____

If you have a 2nd office location:

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Email Address: _____ Phone: _____

Asst/Staff Name: _____ Email: _____

Membership Dues

NOT REQUIRED for MSBA Members

\$150 Non-MSBA members (per office)

Check # _____ Total Amount _____

OR

Credit Card #: _____ Expire: _____ CVC code: _____

Name on card: _____

Billing Address: _____
If different than address on application

PART ONE – Practice Options

PANEL SELECTIONS

Accommodations

I am willing to provide the following:

- Home/Nursing Home visits Weekend / Evening Appointments

Administrative/Billing Possibilities

- Willing to consider FLAT/FIXED FEE arrangements
 Unbundled Assistance, used in conjunction w/other panels
 Pro Se/Small Claims Assistance

In addition to Maine, I am licensed to practice in the following states: _____

In addition to English, I speak the following languages: _____

PART TWO – Practice Geography

I will accept cases and clients in the following counties:

- | | | | |
|---------------------------------------|-----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Androscoggin | <input type="checkbox"/> Hancock | <input type="checkbox"/> Oxford | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Aroostook | <input type="checkbox"/> Kennebec | <input type="checkbox"/> Penobscot | <input type="checkbox"/> Waldo |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Knox | <input type="checkbox"/> Piscataquis | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Sagadahoc | <input type="checkbox"/> York |

PART THREE – Litigation & Courts of Jurisdiction

- LITIGATION** We are not always able to tell from our conversations with callers if their issues may require litigation or not. For callers specifically requesting litigation attorneys, or with issues that may lead to litigation, we add Litigation to our referral search. Please check the box if you practice litigation.
- FEDERAL LITIGATION** Add-on, as above.

In addition to Maine State District, Superior, and Supreme Courts, I also practice in:

- Tribal – Passamaquoddy Tribal – Penobscot Tribal – Micmac

PART FOUR – Special Considerations

- OPPOSING GOVERNMENTAL PARTIES CIVIL RIGHTS Implications Asserted

STANDARD PANEL SELECTIONS

Administrative Law

- | | | |
|---|--|--|
| <input type="checkbox"/> Before City/Town Govt | <input type="checkbox"/> NH Workers Compensation | <input type="checkbox"/> Veterans' Benefits |
| <input type="checkbox"/> Dept of Labor | <input type="checkbox"/> ME Workers Compensation | <input type="checkbox"/> Fed Workers' Compensation |
| <input type="checkbox"/> Federal Agencies | <input type="checkbox"/> State Agencies | <input type="checkbox"/> Dept of Motor Vehicles |
| <input type="checkbox"/> Federal Licensing Boards | <input type="checkbox"/> State Licensing Boards | <input type="checkbox"/> Dept of Transportation |
| <input type="checkbox"/> Rep Health Care Provider | <input type="checkbox"/> Unemployment Compensation | |

Admiralty Law

- Personal Injury on Ship/Boat Commercial Admiralty

Bankruptcy & Garnishment of Wages

- | | |
|---|---|
| <input type="checkbox"/> Personal Bankruptcy for Debtor | <input type="checkbox"/> Personal Bankruptcy for Creditor |
| <input type="checkbox"/> Commercial Bankruptcy for Debtor | <input type="checkbox"/> Commercial Bankruptcy for Creditor |
| <input type="checkbox"/> Garnishment of Wages | |

Business & Banking Law

- | | | |
|---|---|--|
| <input type="checkbox"/> Banking Rules-Customer | <input type="checkbox"/> Commercial Landlord/Tenant | <input type="checkbox"/> Business Startup/Organization |
| <input type="checkbox"/> Form/Dissolve Partnerships | <input type="checkbox"/> LLC & Partnerships | <input type="checkbox"/> Disputes w/ Vendors/Suppliers |
| <input type="checkbox"/> Internet Businesses | <input type="checkbox"/> Non-Profit Startup | <input type="checkbox"/> Unauthorized W/D - Checks |
| <input type="checkbox"/> International Trade | <input type="checkbox"/> Stocks, Securities | |

CIVIL APPEALS – Go to Experience Panel Section Below

Constitutional Law & Civil Rights

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> ADA Matters | <input type="checkbox"/> First Amendment Issues | <input type="checkbox"/> Civil Rights |
| <input type="checkbox"/> Contesting Elections | <input type="checkbox"/> Before MHRC or EEOC | |
| <input type="checkbox"/> Discrimination in Housing | <input type="checkbox"/> Patient Rights | |

Criminal & Traffic Law

- | | | |
|--|---|--|
| <input type="checkbox"/> Appeals | <input type="checkbox"/> Log Book Violations | <input type="checkbox"/> Pardons; Vacating Convictions |
| <input type="checkbox"/> OUI/DUI | <input type="checkbox"/> CIVIL Traffic Violations | <input type="checkbox"/> Fish & Wildlife Charges |
| <input type="checkbox"/> CRIMINAL Traffic Violations | <input type="checkbox"/> Bail Hearings/Pleadings | <input type="checkbox"/> Impounded Possessions |
| <input type="checkbox"/> Criminal-Juvenile | <input type="checkbox"/> Criminal- Dist/Sup Court | <input type="checkbox"/> Parole/Probation Issues |
| <input type="checkbox"/> Sexual Offender List Issues | <input type="checkbox"/> Drug Charges | <input type="checkbox"/> Animal Cruelty/Abuse |

Consumer Law

- | | | |
|---|--|--|
| <input type="checkbox"/> Credit Card Disputes | <input type="checkbox"/> Creditor Harassment | <input type="checkbox"/> Construction Issues |
| <input type="checkbox"/> Refuse Honor Warranty | <input type="checkbox"/> Lemon Law | <input type="checkbox"/> Predatory Lending |
| <input type="checkbox"/> Collecting \$\$ Owed | <input type="checkbox"/> Product Liability | <input type="checkbox"/> Car Repair Dispute |
| <input type="checkbox"/> Defend Agst Collection | <input type="checkbox"/> Toxic Mold | <input type="checkbox"/> Unfair Trade Practices |
| <input type="checkbox"/> Student Loan Issues | <input type="checkbox"/> Pharmacy Error | <input type="checkbox"/> HIPAA Violations |
| <input type="checkbox"/> Pharm/Med Prod Liability | <input type="checkbox"/> ID Theft | <input type="checkbox"/> Unauthorized Withdrawal |

Education Law

- | | | |
|---|--|--|
| <input type="checkbox"/> Higher Ed Issues | <input type="checkbox"/> Rep Administrators | <input type="checkbox"/> Rep Students |
| <input type="checkbox"/> Rep Teachers | <input type="checkbox"/> v. School Committee | <input type="checkbox"/> Special Needs/Education |

Elder Law

- | | |
|--|---|
| <input type="checkbox"/> Mainecare-Fair Hearing/Appeals | <input type="checkbox"/> Mainecare Eligibility/Long-Term Planning |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Nursing Home Resident Rights |
| <input type="checkbox"/> Powers of Attorney | <input type="checkbox"/> Special Needs Trusts |
| <input type="checkbox"/> Transfer of Property/Improbident Transfer | |

EMPLOYMENT LAW – Go to Experience Panel Section Below

Environmental Law – *Defense Only*

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Land Fill/Oil Storage |
| <input type="checkbox"/> Before EPA | <input type="checkbox"/> Before DEP | <input type="checkbox"/> Radon |
| <input type="checkbox"/> Industrial Waste | <input type="checkbox"/> Farm Waste | |

FAMILY LAW – Go to Experience Panel Section Below

Foreclosure

- | | |
|--|--|
| <input type="checkbox"/> Representing Borrower OR Lender | <input type="checkbox"/> Representing Lender |
| <input type="checkbox"/> Representing Borrower | |

Immigration Law

- | | | |
|--|---|---|
| <input type="checkbox"/> Asylum | <input type="checkbox"/> Employment | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Deportation & Detention | <input type="checkbox"/> Family Matters | <input type="checkbox"/> Naturalization/Citizenship |

Intellectual Property

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Copyright/Literary Rights | <input type="checkbox"/> Copyright/Music | <input type="checkbox"/> Patent |
| <input type="checkbox"/> Internet Issues | <input type="checkbox"/> Trademark | |

Landlord/Tenant Law

Rep: Landlord

- Mobile Home/Campground
- Issues w/Tenants Assoc
- Lease Issues for Landlord
- Other for Landlord
- Eviction for Landlord
- Warrant of Habitability – Landlord

Rep: Tenant

- Mobile Home/Campground
- Issues w/Tenants Assoc
- Lease Issues for Tenant
- Other for Tenant
- Eviction for Tenant
- Warrant of Habitability – Tenant

Maine State Retirement

Maine State Retirement Issues

Maine State Disability Issues

Marijuana Law

MEDICAL MALPRACTICE - Go to Experience Panel Section Below

Military Law

Federal Proceedings
 Administrative Hearings

Military Family Issues
 Military Personnel/Heirs Rights

Order From Protection *Non-Family*

Protection from ABUSE

Protection from HARASSMENT

Probate Law

Adoption
 Admin Estate of Deceased
 Litigation-Wills, Trusts, Estates
 Estate Planning for PETS
 Surrogate Parent Issues

Preparation-Wills, Trusts, Estates
 Providing Incapacitated Adult
 Third-Party Trusts
 Mental Health Issues
 Conservatorship

Guardian Ad Litem
 Guardianship
 Involuntary Commitment
 Long-Term Care Planning

Real Estate Law

Like-Kind Exchange
 Commercial/Business Transactions
 Condominiums (purchase/sale)
 Dispute w/Contractor
 ME Land-Use Regs (LURC)
 Ownership Dispute
 Partitioning of Property
 Organize/Rep Condo, Home, Road Assoc

Mechanics Liens
 Possession/Boundary Dispute
 Purchase or Sale COMMERCIAL
 Purchase or Sale RESIDENTIAL
 Zoning Board Dispute
 Roads, Easements, Rights of Way
 Permitting & Planning
 Individual v. Condo, Home, Road Assoc

SOCIAL SECURITY/SSDI - Go to Experience Panel Section Below

Transactional Law

Denial of Insurance Claims
 Contracts

Non-Compete Agreements
 Representing Performance Artists

Tax Law

Business Tax Issues

Income Tax Issues

Property Tax Issues

Tort Law

Recovery

Auto Collision
 Asbestos
 Defamation, Slander
 Legal Malpractice
 Property Damage
 Miscellaneous
 Property Damage-Pet Care
 Sexual Assault/Abuse
 Return of Property
 Loss of Use
 Wrongful Death

Defense

Auto Collision
 Asbestos
 Defamation, Slander
 Legal Malpractice
 Property Damage
 Miscellaneous
 Property Damage-Pet Care
 Sexual Assault/Abuse
 Wrongful Death

Claims Against Maine Corrections/Federal Bureau of Prisons – Conditions
 Claims Against ME Corrections/Federal Prison Bureau – Denial/Inadequate Med Care
 Excessive Force/Police Brutality

VET BENEFITS/APPEALS - Go to Experience Panel Section Below

Lawyer Referral Service Certification of Information

I certify that:

1. I am in good standing with the Maine Board of Overseers of the Bar, licensed to practice Maine law.
2. I understand that this application & membership fee qualifies me **personally** to receive referrals from the Lawyer Referral Service, and does not in any way qualify other members of my firm to conduct initial consultations with LRS callers referred to me.
3. I am experienced in all of the areas of law that I have selected for referrals.
4. I carry \$100,000 minimum in professional liability insurance, or as otherwise required if registering on an experience panel.
5. I understand that LRS staff will make every effort to make referrals as appropriately as possible without staff making judgments that may be construed as practicing law without a license.
6. I agree to refer all LRS callers back to the service for referral to another member if for any reason I am not able to serve them.
7. If I believe a referral has been made inappropriately, I will personally discuss the issue with LRS staff.
8. I agree to identify all LRS cases according to the requirements in Section 3.21, and to inform LRS as to the disposition of the case should I leave the firm or the practice of law.
9. I have read the LRS Standards & Rules and agree to abide by them.

Print Name: _____ **Date:** _____

Signature: _____

Statement of Obligation

This statement confirms that attorney _____ has joined the Lawyer Referral Service of the Maine State Bar Association with the full knowledge and agreement of partners/firm management of _____, and will abide by all the rules and agreements as stipulated in the Lawyer Referral Service Standards & Rules document, including remittal of 10% of all received legal fees from each LRS-referred client over the first \$200 paid for services on the matter referred, per LRS protocols.

This statement also confirms that should the member attorney above leave this firm/partners, or the practice of law:

- Any open case or referral from LRS to this attorney *left with the firm/partnership* will be subject to the same reporting and remittal agreements under which it was accepted, until each case or referral is complete;
- Any open case or referral from LRS to this attorney and **remaining with this attorney** will remain subject to the same reporting and remittal agreements under which it was accepted until each case or referral is complete; and
- Any open case or referral **not continuing with either the above attorney or firm** will be immediately referred back to LRS by the member attorney.

Failure to keep these agreements will be cause for action by the LRS Committee and the Maine State Bar Association.

LRS membership will be active only on return of this form with the following signatures, as appropriate to firm structure.

LRS Member Attorney:

PRINT NAME: _____

Signature: _____

Date: _____

Small Firm Partner Attorney:

N/A

PRINT NAME: _____

Signature: _____

Date: _____

Firm Managing Partner:

N/A

PRINT NAME: _____

Signature: _____

Date: _____

LAWYER REFERRAL SERVICE

EXPERIENCE PANELS

➤ **Alt. Dispute Resolution**

➤ **FMLA/FLSA**

➤ **Civil Appeals**

➤ **Medical Malpractice**

➤ **Employment Law**

➤ **Veterans' Benefits**

Alternative Dispute Resolution & Mediation Experience Panel

Name: _____
Please Print

Scope: The LRS offers membership on its ADR panel only to those attorneys who have satisfied all of the requirements set by the Court Alternate Dispute Resolution Services for acceptance onto the Maine State Judicial Branch ADR rosters.

Please attach proof of active listing on the Maine State CADRES ADR rosters for any of the following areas:

- Domestic Relations Mediation Roster
- General Civil Litigation Mediation Roster
- Land Use/Environmental/Natural Gas Pipeline Mediation Roster
- Superior Court Early Neutral Evaluation Roster
- Superior Court Arbitration Roster
- Small Claims Mediation Roster
- Superior Court Mediation Roster

CERTIFICATION OF INFORMATION

I certify that I meet all requirements for participation in the Lawyer Referral Service's ADR/Mediation Experience Panel, as set forth above.

Print Name: _____ Date: _____

Signature: _____

Civil Appeals Experience Panel

Name: _____
Please Print

Scope: Members of this panel have had sufficient experience with civil appeals to be familiar with the appellate process. This code (CVA) will be used in conjunction with the originating area of law to direct referrals.

Specific Appellate Experience

ONE of three criteria must be met

- a) Clerked for Appellate Court for at least one year
- b) Prepared & filed an appellate brief in at least THREE cases
- c) Presented oral argument before the Law Court

CRITERIA DOCUMENTATION

- a) Appellate Clerk experience:

Court _____ From _____ To _____

- b) Prepared & Filed Appellate briefs:

	DATE OF FILING	DOCKET #
1		
2		
3		

- c) Law Court Argument _____

Civil Appeals Experience Panel CERTIFICATION of INFORMATION

I certify that I meet all requirements for participation in the Lawyer Referral Service Veterans Benefits Experience Panel, as set forth above. I further certify that:

Print Name: _____ Date: _____

Signature: _____

Employment Law Experience Panel (2 pgs)

Name: _____
Please Print

Scope: panel members have sufficient training & experience to competently represent employers or employees in litigation involving employee benefits, termination issues, workplace discrimination claims, & government employment. Experience not necessary in collective bargaining issues, union representation, ERISA, or other highly specific employment matters.

CRITERIA DOCUMENTATION

Experience: Must Satisfy 2 requirements in BOTH of the Experience sub-categories

Sub-Category I: General Practice & Litigation

- a) Actively practiced law for 5+ years, since _____
b) Actively litigated in 8 cases of any sort in Maine and/or Federal Courts – list cases:

DOCKET #		DOCKET #	
1		5	
2		6	
3		7	
4		8	

- c) Federal Court summary judgment, OR argued one appeal: Docket # _____

Sub-Category II: Specific Employment Law Experience

- a) Actively participated in ONE Employment Law case brought to trial: Docket# _____
b) Negotiated to final resolution TWO Employment Law cases in the last 5 years:

DOCKET #		CASE
1		
2		

- c) Pursued or defended a charge of employment discrimination before Maine Human Rights Commission in at least THREE cases, with at least ONE personal appearance:

DOCKET #		CASE
1		APPEARED
2		APPEARED
3		APPEARED

Education

 Must satisfy 1 of the 3 below

- a) Attended at least 10 hours of CLE on Employment Law in the past 10 years:

DATE	SEMINAR TITLE	CREDITS
1		
2		
3		
4		
5		
6		
7		

- b) Served on faculty of TWO CLE seminars on Employment Law topic:

DATE	SEMINAR TITLE	LOCATION
1		
2		

- c) Authored 3 or more published articles on Employment Law topic: **ATTACH COPIES**, with journal name & publication date.



Employment Law Experience Panel CERTIFICATION of INFORMATION

I certify that I meet all requirements for participation in the Lawyer Referral Service Employment Law Experience Panel, as set forth above.

Print Name: _____ Date: _____

Signature: _____

EMPLOYMENT LAW

Select Sub-Categories Below

Representing EMPLOYEES:

- | | | |
|--|---|--|
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Unemployment Issues |
| <input type="checkbox"/> Non-Compete Agreements | <input type="checkbox"/> Termination, Non-Union | <input type="checkbox"/> Whistleblowers Act |
| <input type="checkbox"/> ERISA, Retirement, Pensions | <input type="checkbox"/> Termination, Union | |

Representing EMPLOYERS:

- | | | |
|--|---|--|
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Termination, Non-Union | <input type="checkbox"/> Union Representation Issues |
| <input type="checkbox"/> ERISA, Retirement, Pensions | <input type="checkbox"/> Termination, Union | <input type="checkbox"/> Whistleblowers Act |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Unemployment Issues | |

Family Law Experience Panel

Name: _____
Please Print

Scope: Members of this panel are accomplished attorneys who have sufficient training and experience to competently represent clients in Family Law matters involving actions for divorce and to establish paternity and parental rights and responsibilities, including post-judgment actions in these areas, as evidenced by:

Family Law Experience Panel Criteria

I. General Practice & Litigation Experience

Satisfy TWO Requirements

- Active practice for at least 5 years – Since _____
- Served as lead counsel in 8 cases of any sort in Maine and/or Federal Court within the last 5 years.
- Participated in Federal Court summary judgment or argued one appeal within the last 5 years.
- Completed CASA training within the last 10 years – year: _____
- Prepared documents and assisted in family law filings, not necessarily to resolution, for 10 cases in the last 5 years.

II. Family Law Specific Experience

Satisfy either

- a. Actively participated in one Family Law case brought to trial which involved parental rights and responsibilities, and/or property or equitable distribution issues within the last 5 years.
 - Fill In: Case Name: _____ Docket #: _____
Court: _____ Year: _____
- b. Negotiated a final resolution of 5 Family Law cases within the last 5 years, three of which involved parental rights & responsibilities and/or property or equitable distribution issues.
 - Attach list of above

III. Education - Satisfy only ONE of the following:

- a) Attended at least 15 CLE hours on Family Law in the past 10 years. *Attach list with seminar titles, years, & credits.*
- b) Served on faculty of 2 CLE seminars on Family Law topics. *Attach list with seminar titles, session title, and year.*

CERTIFICATION OF INFORMATION

I certify that I meet all requirements for participation on the Lawyer Referral Service's Family Law Experience Panel as set forth above.

Print Name: _____ Date: _____

Signature: _____

SELECT SUB-CATEGORIES BELOW

- | | | |
|---|---|--|
| <input type="checkbox"/> Custody & Support | <input type="checkbox"/> Foster Rights/Responsibilities | <input type="checkbox"/> Rights of Unmarried Parents |
| <input type="checkbox"/> Annulment | <input type="checkbox"/> Guardian Ad Litem – Divorce | <input type="checkbox"/> Spousal Support |
| <input type="checkbox"/> DHS Issues | <input type="checkbox"/> Guardian Ad Litem – Other | <input type="checkbox"/> Post-Judgment Motions |
| <input type="checkbox"/> De Facto Parenting | <input type="checkbox"/> Grandparents' Rights | <input type="checkbox"/> Rights of Surrogate Parents |
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Paternity Determination | |
| <input type="checkbox"/> Family Sexual/Physical Abuse | <input type="checkbox"/> Protection Orders in Family | |

FMLA - Family Medical Leave Act Experience Panel

Name: _____
Please Print

Scope: Members of this panel are accomplished attorneys who have sufficient training and experience to competently represent clients in Family Medical Leave Act cases which may have been previewed by the Federal Department of Labor, and directed to the MSBA Lawyer Referral Service per the participation of this service in a program created in collaboration with the American Bar Association, including only ABA – Approved referral services, in order to give citizens access to local legal consultation and/or representation in cases with possible merit. Participation criteria for this panel fulfill the requirements put forth by the Department of Labor.

FMLA Experience Panel Criteria

I. General Practice & Litigation Experience - Required

The attorney has represented employees in at least three cases asserting claims arising under the Family Medical Leave Act (29 U.S.C. §2601, et. seq.) to resolution in the past three years.

DATE	CASE	DOCKET#
1		
2		
3		

II. Employment Law Specific Continuing Education - Required

The attorney has attended a CLE course in employment law for at least three credits in the past two years.

COMPLETE BELOW, AND ATTACH PROOF OF ATTENDANCE

CLE Event & Producer: _____

Location: _____ Date: _____

*** AND ***

Agrees to continue during the course of panel membership to earn a minimum of three CLE credits from attendance at employment law courses every two years, providing POA as requested.

CERTIFICATION OF INFORMATION

I certify that I meet all requirements for participation in the Lawyer Referral Service's **Family Medical Leave Act Experience Panel** as set forth above.

Print Name: _____ Date: _____

Signature: _____

SELECT EITHER OR BOTH PANELS BY CHECKING BOX(ES)

FMLA for Employee

FMLA for Employer

FLSA – Fair Labor Standards Act Experience Panel

Name: _____
Please Print

Scope: Panel members have sufficient training & experience to competently represent clients in Fair Labor Standards Act (FLSA) wage & hour cases which may have been previewed by the Federal Department of Labor, and directed to the MSBA Lawyer Referral Service per the participation of this service in a program created in collaboration with the American Bar Association, including only ABA-approved referral services, in order to give citizens access to local legal consultation and/or representation in cases with possible merit. Participation criteria for this panel fulfill the requirements put forth by the Department of Labor.

Criteria Documentation

I. General Practice & Litigation Experience - Required

- The attorney has represented employees in at least three cases asserting claims arising under the Family Medical Leave Act (29 U.S.C. §2601, et. seq.) to resolution in the past three years.

DATE	CASE	DOCKET#
1		
2		
3		

II. Employment Law Specific Continuing Education - Required:

- The attorney has attended a CLE course in employment law for at least three credits in the past two years.

COMPLETE BELOW, AND ATTACH PROOF OF ATTENDANCE

CLE Event & Producer: _____

Location: _____ Date: _____

*** AND ***

- Agrees to continue during the course of panel membership to earn a minimum of three CLE credits from attendance at employment law courses every two years, providing POA as requested.

CERTIFICATION OF INFORMATION

I certify that I meet all requirements for participation in the Lawyer Referral Service's Fair Labor Standards Act Experience Panel as set forth above.

Print Name: _____ Date: _____

Signature: _____

SELECT EITHER OR BOTH PANELS BY CHECKING BOX(ES)

FLSA for Employee

FLSA for Employer

Medical Malpractice Experience Panel

Name: _____
Please Print

Scope: Members of this panel are highly accomplished trial attorneys who have sufficient training, experience, and resources to competently represent clients in medical malpractice litigation.

Criteria Documentation

1. Litigation Experience – 3 of 4 criteria must be met

a. TWO or more cases through medical malpractice screening panel in last 5 years

	CASE NAME/YEAR	DOCKET #
1		
2		
3		

b. Tried to jury verdict at least TWO med-mal or personal injury cases in the past 5 years.

	CASE NAME/YEAR	DOCKET #
1		
2		

c. Litigated through discovery at least 10 med-mal or personal injury cases in the past 5 years:

	CASE NAME/YEAR	DOCKET #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

d. Served as panel members on pre-litigation screening panel

	CASE NAME/YEAR	DOCKET #
1		
2		

Variance Option: Please check here if submitting request for variance. Attach argument on letterhead, signed & dated.

CERTIFICATION of INFORMATION

I certify that I meet all requirements for participation in the Lawyer Referral Service Medical Malpractice Experience Panel, as set forth above. I further certify that:

I will: ___ Accept cases on a state-wide basis ___ Advance the expenses of litigation

And that I do: ___ Carry professional liability coverage of over \$1,000,000.00

Print Name: _____ Date: _____

Signature: _____

Select Sub-Categories Below

Against Physician/Staff

Against Dentist/Staff

For Prisoners

Against Hospital/Staff

Against Therapist/Staff

Veterans' Benefits Experience Panel

Name: _____
Please Print

Scope: The Lawyer Referral Service offers membership on its Veterans Benefits panel only to those attorneys who have satisfied all the requirements set by the US Department of Veterans Affairs for representation of veterans in benefits matters.

Please attach ALL of the following:

- A copy of letter of accreditation from the Department of Veterans Affairs
 - A copy of annual certification [38 C.F.R. §14.629(b)(4)], to be updated on each anniversary
 - A copy of proof of 3 hours CLE credits per the schedule required by the DVA, updating as per their requirements.
-

CERTIFICATION of INFORMATION

I certify that I meet all requirements for participation in the Lawyer Referral Service Veterans Benefits Experience Panel, as set forth above.

Print Name: _____ Date: _____

Signature: _____

VETERANS' BENEFITS LAW

Select Sub-Categories Below

- | | | |
|---|--|---|
| <input type="checkbox"/> Vet Benefits Claims | <input type="checkbox"/> Vet Benefits Disability Comp. | <input type="checkbox"/> Vet Benefits Appeals |
| <input type="checkbox"/> Vet Benefits Pension | <input type="checkbox"/> Dependency & Indemnity Comp. | |