



ELDER LAW PANEL APPLICATION

NAME:

First: MI Last:

BUSINESS ADDRESS:

Number: Street:

Suite: City: Zipcode:

Business Phone: *(type numbers only, field will format automatically)* Fax:

E-mail:

Web Address:

HOME ADDRESS:

Number: Street:

Suite: City: Zipcode:

Home Phone: *(type numbers only, field will format automatically)*

EDUCATIONAL BACKGROUND:

College(s):

Date/Type of Degree(s):

Law School(s) Attended:

Date of Admission to the Illinois Bar:

Have you been admitted to the Federal Trial Bar? If YES, Include Date:

Illinois Attorney Registration Number:

Other Bar Admissions and Registration Status:

EMPLOYMENT HISTORY:

CURRENT EMPLOYER:

ADDRESS: PHONE:

YOUR POSITION: DATES: TO

PRESENT

NATURE OF FIRM'S PRACTICE:

NATURE OF *YOUR* PRACTICE / DUTIES:

List your prior professional and legal employment (attach additional sheets if necessary) :

EMPLOYER:

ADDRESS: PHONE:

YOUR POSITION: DATES: TO

PRESENT

NATURE OF FIRM'S PRACTICE:

NATURE OF *YOUR* PRACTICE / DUTIES:

PROFESSIONAL PRACTICE:

Describe your Elder Law practice and experience

Describe your experience in contested court matters with reference to the nature of the proceedings and the nature of your participation/extent of involvement in those proceedings

Describe your experience in administrative or uncontested matters with reference to the nature of the proceeding(s) and the nature of your participation /extent of involvement in those proceedings

Approximately how many of the following types of cases have you personally handled? (Give number for each, including 0 if none)

<input type="checkbox"/> Adult Guardianship	<input type="checkbox"/> Jury Trial, Civil	<input type="checkbox"/> Personal Injury/Property Damage
<input type="checkbox"/> Elder Consumer Issues	<input type="checkbox"/> Jury Trial, Criminal	<input type="checkbox"/> Real Estate Transactions
<input type="checkbox"/> Criminal	<input type="checkbox"/> Landlord/Tenant	<input type="checkbox"/> Social Security
<input type="checkbox"/> Domestic Relations	<input type="checkbox"/> Medicaid Issues	<input type="checkbox"/> Trusts
<input type="checkbox"/> Elder Abuse, Neglect or Exploitation	<input type="checkbox"/> Mechanics Liens	<input type="checkbox"/> Special Needs Trusts
<input type="checkbox"/> Estate planning	<input type="checkbox"/> Nursing Home Issues	<input type="checkbox"/> Veterans Administration
<input type="checkbox"/> Health Insurance Issues	<input type="checkbox"/> Powers of Attorney	
<input type="checkbox"/> Other	SPECIFY:	<input type="text"/>

What percentage of your practice consists of work in court? % Office work? %

Is your office handicap accessible? Is sign language available?

What office calendar/support system(s) do you use for follow-up, tracking cases, etc.?

Do you use a written retainer agreement with clients?

What foreign language(s) do you speak?

If you have any objection to handling any type of case, specify:

Do you have professional liability (malpractice) insurance? (IF 'YES' FILL OUT INFORMATION BELOW)

NAME OF COMPANY:

DATE:

NAME OF POLICY:

What are the limits of your coverage and deductions?

Please attach the cover sheet of your malpractice policy. WE CANNOT PROCESS YOUR APPLICATION WITHOUT THIS INFORMATION. If your practice is within a law firm, include a letter from a partner stating the law firm's professional liability policy would cover your work on CBA referrals.

Has a complaint ever been filed against you with any bar association or any lawyers' disciplinary body (i.e. ARDC)?

If your answer is "yes," submit details on a separate sheet.

CONTINUING LEGAL EDUCATION:

List all legal seminars or other such activities in the nature of continuing legal education that you have attended in the past two years, stating as to each the date, sponsoring organization, and subject matter.

List all legal courses, seminars or speeches you have given, stating as to each the date and subject matter.

List any legal publications you have authored or co-authored, furnishing as to each, a citation as to the publication and the name of your co-authors.

Describe any other active involvement in organizations that focus on elder law or other issues concerning the elderly.

ATTACH TO THIS APPLICATION ONE (1) LETTER OF REFERENCE FROM AN ATTORNEY (who is not in your firm) FAMILIAR WITH YOUR LEGAL EXPERIENCE AND ABILITY. THE LETTER MUST BE SIGNED AND ON LETTERHEAD.

APPLICANT'S SIGNATURE _____

DATE: _____

THE CHICAGO BAR ASSOCIATION
LAWYER REFERRAL SERVICE RULES

Carefully Read the Following Before Signing

I, the undersigned, consent that the information furnished by me may be used by The Chicago Bar Association to determine my qualifications to participate in the Lawyer Referral Program. I also authorize the Illinois Supreme Court Attorney Registration and Disciplinary Commission or any other bar association or disciplinary body to furnish The Chicago Bar Association with information concerning complaints against me.

The undersigned will in no event hold the Association or any officer or any committee member to any liability whatever in connection with the Lawyer Referral Service. I consent that my name may be classified at the discretion of the committee or withdrawn from classification at any time provided that I may withdraw from the plan at any time by written notice to the Association. I acknowledge that, inasmuch as it is not a right but a privilege to participate, a lawyer may be temporarily suspended or permanently removed from a Lawyer Referral Service panel for good cause shown. I understand that upon receipt of any complaint against me, I may be re-screened. While participating, I agree:

(A) To consult with any person wishing to consult me under the plan and who, if there is an office consultation, pays me in advance the consultation fee fixed by the committee. This consultation fee must be remitted to the Association for all office consultations under the plan, whether or not I have collected the fee from the referred person. If subsequent legal employment is contemplated, I agree to discuss the subject of my charges with the client, and if any dispute should arise over fees, I agree to submit the question of fees to the Committee on Professional Fees of The Chicago Bar Association. The consultation fee may be waived in any matrimonial referral classified as a fee from-spouse referral in which the client is referred to an attorney on the Lawyer Referral Service who will collect costs from the client and secure an order for fees from the spouse.

(B) Promptly (within 30 days) to return to the Association all statements of referrals accurately completed, to notify the Association of any office consultations under the plan, to state whether or not I was retained by the referred persons, and to forward to the Association remittances when due.

(C) Any client which I receive through the Lawyer Referral Service will be my responsibility as to the matter referred and as to collateral matters arising therefrom. If I am not able to handle the client, I will refer the client back to The Chicago Bar Association. I understand that I may have assistance in handling the client, but the responsibility for the client and payment of the referral fee will be solely mine. If I should leave a firm with which I am associated, I agree to notify all CBA-referred clients by letter, with a copy to the CBA Lawyer Referral Service, of the client's options, including continuing my services, being referred to the CBA for another referral, or remaining with the law firm.

(D) To render occasional charitable service when requested by a member of the staff.

(E) To pay in advance each year the annual registration fee fixed by The Chicago Bar Association and maintain in force professional liability insurance.

(F) To abide by the Lawyer Referral Service Statement of Standards and Practices.

(G) To refrain, in any advertising, from alluding to my relationship with the Lawyer Referral Service.

(H) Not to charge clients received through the Lawyer Referral Service additional fees for expenses or fees I may incur through my participation in the Service.

(I) To promptly notify the Lawyer Referral Service in the event my professional liability insurance is terminated, cancelled, modified or claims against me exceed policy limits for the policy period.

I understand that if I do not satisfactorily abide by these rules, I may be temporarily suspended or permanently removed from the Lawyer Referral Service.

PLEASE COMPLETE THE FOLLOWING:

I (check one) AM AM NOT a member of a law firm.

**If in a firm you will be sent an "Acknowledgment Form" for the firm to complete.*

ATTORNEY REGISTRATION NUMBER: _____

EMAIL ADDRESS _____

SIGNATURE OF APPLICANT _____

DATE: _____

To apply for the Lawyer Referral Service Elder Law referral panel, please print the registration form, completely fill it out and mail or email it to:

Juli Vyverberg

Director, Lawyer Referral Service

The Chicago Bar Association

321 S. Plymouth Court

Chicago, IL 60604

312.554.2062 or 312.554.2001

jvyverberg@chicagobar.org

Print Form

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