

**Los Angeles County Bar Association  
Lawyer Referral Service  
Limited Experience Panel Application**  
(Last Update: August 2016)

**SECTION ONE / VITAL INFORMATION**

Full name:

State Bar ID number:

Law firm name:

Year admitted to practice in California:

Administrative mailing address (must be in Los Angeles, Riverside, San Bernardino, or Ventura county):

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Administrative phone number:

## **SECTION TWO / PRACTICE INFORMATION**

Attach a resume to this form.

Attach the cover sheet of your professional liability insurance policy on which you are named as an insured.

Professional liability insurance expiration date:

Have you ever been the subject of a disciplinary proceeding by the State Bar of California or by the bar of any other jurisdiction (Yes or No. If yes, provide and attach a description)?

Have you ever been sued by a client (Yes or No. If yes, provide and attach a description)?

Have you ever been a party to an attorney-client fee dispute (Yes or No. If yes, provide and attach a description)?

Law school and date of degree:

Are you licensed to practice law in a state other than CA (Yes or No. If yes, list states)?

Are you licensed to practice law in federal courts (Yes or No)?

Do you represent non-English speaking clients (Yes or No. If yes, list languages)?

## **SECTION THREE / PRACTICE AREAS**

What practice areas would you like to receive referrals in:

Administrative law:

Consumer law:

Criminal law:

Family law:

Landlord/tenant:

Small claims:

Additional requirements for the Limited Experience panel:

1. California licensed attorney for fewer than five years and unqualified for regular panels.
2. Letter from an attorney mentor in the respective practice area.
3. Interview with Lawyer Referral Service staff.
4. Participation in the Lawyer Referral Service "Modest Means" panel. Guideline: no more than \$100/hr and no more than \$500 as retainer fee.

## SECTION FOUR / TERMS AND CONDITIONS

I hereby certify and agree to the following:

1. I am a member in good standing of the State Bar of California, and I regularly practice and maintain a full-time office for such practice in one of the following counties: Los Angeles, Riverside, San Bernardino, Ventura.
2. I have read this Application (including the Qualification Standards) and the LRS Rules of Operation, which are incorporated by reference. I agree to be bound by said Application, Qualification Standards, and Rules, and to abide by those in effect, or as may be amended from time to time. I have read and am familiar with the State Bar Rules of Professional Conduct.
3. The LRS Advisory Committee may report to the State Bar of California any violation of LRS Rules, or any possible violation of the State Bar Act or the Rules of Professional Conduct, about which it has knowledge.
4. For each referral, I shall personally conduct the initial one-half hour consultation without charge. For services rendered beyond the initial one-half hour consultation, I shall establish in advance the fees to be paid.
5. I am qualified to handle matters in the subject matter panels and subpanels I have selected, and, if I am referred a matter for which I do not have sufficient expertise, I will immediately contact the LRS and refer the matter back to the LRS. I shall not refer any portion of any LRS-referred matter to another attorney, organization, or referral service, except in accordance with LRS Rules.
6. I shall pay to the LRS percentage fees in accordance with the established schedules. These fees are based on the total attorneys fees that arise out of the subject matter of the original referral or out of any matter raised at the initial consultation. "Total attorneys fees" are fees received by the member, partners, or associates, or by any attorney to whom the case has been transferred, with or without LRS consent. I agree to submit to binding arbitration by the LACBA Arbitration Committee any dispute regarding fees owed to the LRS.
7. I shall not pass on, either directly or indirectly, the LRS percentage fees to any client through an increase in the rate that would ordinarily be charged for the matter, or in any other manner. On all contingent fees and court/board approved fees, i.e., state workers' compensation cases and probate cases, I agree to pay 15% of total attorneys fees and shall include with each payment to the LRS a copy of the statement of account. On all noncontingent fees, I agree to pay 15% of total attorneys fees. On Dependency Court appointments, I agree to pay 15% of contingency fees awarded. I will pay the percentage fees due thereon within thirty (30) days of receipt of payment of any attorney fees.
8. I shall pay to the LRS an interest charge at the then maximum legal rate on any percentage fees not received by the LRS within sixty (60) days of receipt by the attorney of payment of attorney fees. Upon request, I shall provide the LRS with copies of all fee agreements.
9. I shall notify the LRS in writing immediately if anything occurs while I am a member of the LRS, which makes any statement or other information in this Application untrue or inaccurate. I shall notify the LRS in writing immediately if my professional liability insurance is terminated or

decreased, or if I am disciplined concerning an allegation of professional misconduct, or if I otherwise become ineligible or unable to accept referrals.

10. Information in this Application or otherwise known to the LRS may be furnished to clients seeking referral by the LRS. Pursuant to CC §43.95, the LRS must disclose to the public the nature of any disciplinary action taken against an attorney accepting referrals from the LRS. I waive confidentiality for the State Bar of California to notify the LRS of the status of any disciplinary proceeding pending against me.

11. This application and any attachments hereto includes all required information and the additional documents set out under item 12 below and submitted with respect hereto. It is only an application, and my actual acceptance to and continuance of membership in the LRS is subject to the approval and discretion of the LRS and its Advisory Committee in accordance with LRS rules and practices as in effect from time to time. If I was previously a member of the LRS and am reapplying for membership, approval of this application may be subject to satisfaction of additional requirements related to my prior membership.

12. Referencing this application, I will mail, fax, or email the following necessary materials for membership in the LRS to the LACBA-LRS, P.O. Box 55020, Los Angeles, CA 90055-2020, Fax Number (213) 833-6719, email address [LRSadmin@lacba.org](mailto:LRSadmin@lacba.org):

This application and agreement  
Proof of insurance  
Letters from mentors

**SECTION FIVE / NOTIFICATION OF ANNUAL FEES**

1. Non-LACBA members: \$550

2. LACBA members: \$300

3. LACBA VIP Members: annual Lawyer Referral Service dues will be waived.

**CERTIFICATION**

I hereby certify under penalty of perjury that the information contained in this Application is true and complete.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_