



Whitehorse Executive Center
1245 Whitehorse Mercerville Rd., Suite 420
Hamilton, NJ 08619
609-585-6200 | www.mercerbar.com

LRS Membership Statement

Name: _____

Firm Name: _____

Mailing Address: _____

Physical Address: _____

Telephone: _____ Email: _____

Panel Membership Fee (please choose one):

- ☐ \$100 | Years in practice; 1-4 years ☐ \$150 | Years in practice; 10 +
☐ \$125 | Years in practice; 5-9 years

Indicate the qualification and experience held in each of the categories you have selected.

- | | |
|-----------------|--|
| 1. Choice _____ | () Number of matters handled per year _____ |
| 2. Choice _____ | () Number of matters handled per year _____ |
| 3. Choice _____ | () Number of matters handled per year _____ |
| 4. Choice _____ | () Number of matters handled per year _____ |
| 5. Choice _____ | () Number of matters handled per year _____ |
| 6. Choice _____ | () Number of matters handled per year _____ |

Year Admitted to Practice in any State _____ Other States Licensed to Practice _____

Office Handicapped Accessible? Yes ☐ No ☐ Sign Language Capability? Yes ☐ No ☐

Do you prosecute for a municipality? Yes ☐ No ☐ Foreign Language Spoken? _____

Total LRS Membership Dues: \$_____

Payment Method: ☐ Check enclosed (Check payable to Mercer County Bar Association)
 ☐ Visa, AMEX, MasterCard, Other

Name on Card: _____

Card # _____

Exp Date: _____ CVV: _____ Zip Code: _____

Signature: _____ Date: _____

Dues payments are not deductible as charitable contributions for Federal Income Tax purposes. They may however, be deductible under other provisions as a business expense.

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IMPORTANT! INSURANCE DECLARATIONS PAGE MUST BE ATTACHED TO THIS APPLICATION

Liability Insurance

Each panel member must maintain professional liability insurance and must submit the current declarations page of the policy as proof. The minimum required is \$500,000 per claim. The Mercer County Bar Association shall be listed as an additional insured on the Certificate of Insurance, for notification purposes.

Malpractice Carrier: _____

Limits Carried: _____ Deductible: _____

Renewal Date: _____

If your insurance coverage lapses or is discontinued for any reason, you must notify the MCBA Lawyer Referral Service immediately. Failure to comply will mean removal from the panel.

I acknowledge that the Mercer County Bar Association, herein referred to as the Association, has no responsibility for the collection of fees from clients, nor does the Association warrant my competence with respect to any matter which is referred. I certify that I will not accept representation or continue representation in a matter for which I am not qualified or competent. I will remain primarily responsible for the file of any case referred to me by the Lawyer Referral Service. I also certify that I will not share referrals given to me by the Lawyer Referral Service unless I am unable to handle the case. In that event, I agree to return the client to the LRS program for re-referral or share the referral with only an attorney who is a member of my firm and who is also an active member of the Lawyer Referral Service. I also agree to comply with the Rules and Procedures of the Lawyer Referral Service set forth by the Association.

I agree to remit to the Mercer County Bar Association Service a referral fee of twenty percent (20%) when any fee is collected on a case referred through this program. I recognize and agree that the amount remitted to the Mercer County Bar Association Service shall be based upon the net fees received, after the payment of any filing fees or costs which were paid to third parties.

I further agree that the client shall not be billed an additional amount to cover the referral fee and that the combined fees and expenses billed to the client shall not exceed the total charges which would have been billed to the client if the Lawyer Referral Service had not been involved. I further agree that the Lawyer Referral Service shall have access to my records of referral matters in the event of a dispute concerning the referral fee.

I agree to indemnify and hold harmless the Mercer County Bar Association (including without limitation, the Officers, Trustees, Lawyer Referral Service Committee, and staff of the Mercer County Bar Association, and their agents) from any and all claims, demands, actions, liability or loss, including, but not limited to, costs of defense, including a reasonable attorney's fee, which may arise from or be incurred as a result of any loss and all referrals of a client to me through the Lawyer Referral Service.

I agree to charge potential referred clients no more than \$25.00 for the first half hour of consultation, which will cover the conference and advice, and not the preparation of any documents.

By signing below, I agree that the MCBA Lawyer Referral Service has a lien on any of the proceeds of any legal fee on any matter referred to me to the extent provided above.

Date: _____

Signature: _____

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Panel Categories

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrative Law <input type="checkbox"/> Alternative Dispute Resolution <input type="checkbox"/> Appeals <input type="checkbox"/> Arbitration <input type="checkbox"/> Banking <input type="checkbox"/> Bankruptcy <div style="margin-left: 20px;"> <input type="checkbox"/> <i>Business</i> <input type="checkbox"/> <i>Individual</i> </div> <input type="checkbox"/> Board of Education Matters <input type="checkbox"/> Business Matters <input type="checkbox"/> Civil Litigation <input type="checkbox"/> Civil Rights/Discrimination <input type="checkbox"/> Civil Service Collections <input type="checkbox"/> Consumer Law <div style="margin-left: 20px;"> <input type="checkbox"/> <i>Home Improvement</i> <input type="checkbox"/> <i>Lemon Law</i> </div> <input type="checkbox"/> Contracts <input type="checkbox"/> Copyright Law <input type="checkbox"/> Corporate <input type="checkbox"/> Criminal Law <div style="margin-left: 20px;"> <input type="checkbox"/> <i>Expungement</i> <input type="checkbox"/> <i>Indictable Appeals</i> <input type="checkbox"/> <i>Juvenile</i> </div> <input type="checkbox"/> Debtor/Creditor <input type="checkbox"/> DYFS Matters | <input type="checkbox"/> Elder Law <div style="margin-left: 20px;"> <input type="checkbox"/> <i>Administrative/Probate</i> <input type="checkbox"/> <i>Medical Planning</i> <input type="checkbox"/> <i>Wills/Estate Planning</i> </div> <input type="checkbox"/> Entertainment & Sports Law <input type="checkbox"/> Entitlements <input type="checkbox"/> Environmental Law <input type="checkbox"/> Family <div style="margin-left: 20px;"> <input type="checkbox"/> <i>Adoption/Guardianship</i> <input type="checkbox"/> <i>Appeals</i> <input type="checkbox"/> <i>Divorce/Alimony/Custody</i> <input type="checkbox"/> <i>Domestic Violence</i> <input type="checkbox"/> <i>Equitable Distribution</i> <input type="checkbox"/> <i>Post-Divorce Litigation</i> <input type="checkbox"/> <i>Prenuptial Agreements</i> </div> <input type="checkbox"/> Federal Law <input type="checkbox"/> General Litigation <input type="checkbox"/> Immigration Law <div style="margin-left: 20px;"> <input type="checkbox"/> <i>Citizenship</i> <input type="checkbox"/> <i>Deportation</i> <input type="checkbox"/> <i>Passport Issues</i> <input type="checkbox"/> <i>Political Asylum</i> <input type="checkbox"/> <i>Residency of Aliens</i> <input type="checkbox"/> <i>Visa/Work Authorization</i> </div> <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Labor Relations/Employment Law <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Legal Malpractice <input type="checkbox"/> Marital Mediation <input type="checkbox"/> Medical Malpractice <input type="checkbox"/> Municipal Court <input type="checkbox"/> Patent, Copyright & Trademark <input type="checkbox"/> Personal Injury/ Property Damage <input type="checkbox"/> Products Liability <input type="checkbox"/> Real Estate <div style="margin-left: 20px;"> <input type="checkbox"/> <i>Foreclosure</i> <input type="checkbox"/> <i>Residential</i> <input type="checkbox"/> <i>Tax Appeals</i> </div> <input type="checkbox"/> Small Claims/Special Civil Part <input type="checkbox"/> Tax <input type="checkbox"/> Toxic Torts <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Zoning/Planning |
|---|--|---|