

**OCEAN COUNTY BAR ASSOCIATION
LAWYERS REFERRAL SERVICE
P.O. BOX 381
TOMS RIVER, NEW JERSEY 08754
(732) 240-3666**

NAME: _____

FIRM NAME: _____

OFFICE ADDRESS: _____

TELEPHONE #: _____

I AM: _____ (Please indicate whether you are an individual practitioner, a member of the firm, or associated with the firm listed above.)

I am a member in good standing of the Bar of the State of New Jersey and Ocean County and have been admitted to practice in the State of New Jersey since _____ and have been actively engaged in the practice of law since _____.

I attended the following colleges and law schools:

NAME	YEARS	DEGREE

I have been admitted to the following courts, state and federal in addition to the State of New Jersey: _____

My practice has consisted largely of (trial or office work) _____

I hereby certify that I have in effect a malpractice insurance policy in a sum equal to or greater than that required by Rule 1:21-1A (3) (Professional corporation – minimum \$100,00.00).

I agree to forward a certificate of insurance to the Lawyers Referral Service. The

LAWYERS REFERRAL APPLICATION

name of my carrier is: _____

My policy number is _____

I speak the following languages in addition to English: _____

In addition to referral of the general nature, I am also interested in the following fields (please check)

- | | |
|---------------------------------|---------------------------------|
| 1. Bankruptcy | 10. Civil Service |
| 2. Copyrights and or patents | 11. Social Security, Disability |
| 3. Immigration & Naturalization | 12. Elder Law |
| 4. Labor Law | 13. Matrimonial |
| 5. Admiralty | 14. Family Law |
| 6. Real Estate | 15. Workers Comp. |
| 7. Wills and Estates | 16. Federal Comp. |
| 8. Criminal | 17. Municipal Court |
| 9. Personal Injury | 18. Juvenile |
| | 19. Securities |

Please list those areas above by number that you do not wish to have referred to you: _____

The undersigned hereby applies for registration on the panel of the Lawyers Referral Service of the Ocean County Bar Association. He/She certifies that he/she will abide by the rules of the Service as promulgated by the Association and agrees to bound thereby. That he/she will pay to the Association a fee of \$75.00 for the privilege of being listed on the attorney's panel for a period of one year from the date hereof; that he/she recognizes the service as a means and opportunity whereby the legal profession can render better services to the public, and accordingly, agrees to accept a fee of \$30.00 for 1/2 hour consultation with the client that is referred to him/her, which amount shall then be credited to the final bill rendered to the client, and agrees to set all fees for matters referred to him/her on a reasonable basis, taking into due consideration the client's ability to pay, regardless of whether such fee is fully compensatory for the time and effort necessary to give the client the highest standard of counsel and representation.

DATE: _____

Signature of Applicant