

**FAIRFIELD COUNTY
LAWYER REFERRAL SERVICE**

1000 LAFAYETTE BLVD., BRIDGEPORT, CT 06604
PHONE: 203.335.4116—FAX: 203.336.8986
EMAIL: LRSERVICE04@YAHOO.COM

November 2011

To: Fairfield County Attorneys:

I am writing to invite you to join the Fairfield County Lawyer Referral Service, a service of the Greater Bridgeport Bar Association. We implore you to join the ranks of the FCLRS which has been connecting the public with qualified attorneys in their area for over 25 years.

When you register for the FCLRS, you become a member of a panel of lawyers in a particular subject matter area and you agree to become available to those members of the public who need legal assistance. Callers are matched with attorneys qualified to handle their legal issues on an unbiased computerized rotation basis. Clients receive a 30-minute consultation for a fee of \$35. Any services rendered after the initial consultation will be billable at the attorney's normal rates. Consultations take place in the attorney's office unless alternative arrangements can be set up with the attorney.

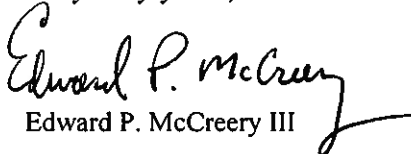
If you are retained by a client that was referred to you, you retain the entire fee, except for the \$35.00 initial consultation fee and 10% of your final fee, which you remit to FCLRS. Our records indicate that we have sent referrals to attorneys who have earned over **two million dollars** in fees during the past several years.

Enclosed please find an Application for participation in the Fairfield County Lawyer Referral Service together with the Regulations and Rules. Please read over them carefully. Please note that attorneys are especially needed in the following categories: Class Action Cases, Social Security Claims, Civil Litigation, Education, Taxation, Unemployment matters and Patent, Trademark & Copyright Law.

This is a unique opportunity for you to join your fellow attorneys in assisting the public and obtaining new clients. Every week the FCLRS receives over one hundred calls. One of them may be your next big case. I invite you to join this very worthwhile program.

If you have any questions, please direct your calls to Molly Kessler, Coordinator of the Service, at 203-335-4116.

Very truly yours,


Edward P. McCreery III
Chairperson

FAIRFIELD COUNTY LAWYER REFERRAL SERVICE

1 000 LAFAYETTE BLVD., BRIDGEPORT, CT 06604

203-335-41 16

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REQUIREMENTS AND RULES FOR MEMBERSHIP

WHAT IS THE REFERRAL SERVICE?

The Lawyer Referral Service is a non-profit organization sponsored by the Greater Bridgeport Bar Association that connects members of the public with legal professionals that meet their needs. Participation in the Fairfield County Lawyer Referral Service is open to attorneys in good standing who practice law within Fairfield County.

WHY SHOULD YOU JOIN?

The Lawyer Referral Service refers to you on a computer rotation basis clients who may need an attorney but do not have one. By participation on the LRS panel, you may be able to increase your client base.

IS THIS A FREE LEGAL SERVICE?

NO. Attorneys are obligated to collect from the client a fee of \$35.00 for an initial one-half hour consultation, which is to be immediately remitted to the Referral Service. If the attorney does not collect the initial consultation fee from the client, the attorney is responsible for same. The attorney and client may make whatever fee arrangements are necessary if representation results.

HOW DO YOU OBTAIN REFERRALS?

1. The Service shall maintain a list of attorneys who have registered (IN A MAXIMUM OF FIVE CATEGORIES) on panels in which you wish to have referrals and in which you are experienced and competent. Referrals will be made to participants in computer rotation. Please be assured that the computer chooses the attorney; it is not done manually.
2. Except for a good cause, an attorney shall accept any referral for the initial interview in those areas in which he or she has indicated on the application that he or she is willing and competent to act.
3. The lawyer, however, is not obligated to accept representation of the client or to render services beyond the initial consultation.
4. The staff will call your office and arrange an appointment for a one-half hour consultation and confirm with the client. It is the obligation of the lawyer to appoint a member of his or her staff, and inform the Service of the name of said person, who is able to make appointments for the attorney.

WHAT ARE THE REQUIREMENTS FOR MEMBERSHIP?

1. You must be a member in good standing of the State and/or local bar and pay the membership fee hereinafter described.
2. You must not have any disciplinary action pending in any bar association or jurisdiction.

3. **You must maintain Professional Liability Insurance.**
4. You must agree to promptly forward the client fee in the amount of \$35.00 and return the referral report to the Service within 15 days of the initial consultation. The participant will return the final report upon completion of the case. **Failure to return the report forms or failure to remit registration fee, consultation or referral fees due within the time specified by the Service could result in the termination of your membership.**
5. You **MUST NOT** transfer LRS referred cases to LRS members within your firm or non-LRS members of your firm without prior notification to the Service. You must not transfer LRS cases to any other firm without consulting the staff to ascertain whether or not the attorney is a member of the Service.

IS THERE A CHARGE FOR PARTICIPATION?

YES. There is an annual registration fee as follows:

\$140.00 per year if you are a member of one of the Bar Associations listed on the Application.

\$200.00 per year if you are a non-member attorney.

A percentage of the total fee received from a referred client according to the designated rebate schedule.

REFERRAL FEE SCHEDULE

| | |
|--------------------------------|--|
| Total Fee Received by Attorney | Referral fee due LRS |
| Less than \$200.00 | NONE |
| Over \$200.00 | 10% of the fees received over \$200.00 |

All fees thus received will be held and used to defray the costs of operation of this Service.

HOW DO YOU JOIN?

An Application must be completed and mailed together with a check for the registration fee to the Referral Service. **BE SURE TO INCLUDE A COPY OF THE FACT SHEET OF YOUR INSURANCE POLICY.**

HOW DOES THE PUBLIC LEARN ABOUT THE SERVICE?

The Service maintains a dignified advertisement in the Yellow Pages.

The Service is listed with all public service associations throughout the State of Connecticut, i.e.: INFO Line, Connecticut Legal Services, local corporations and hospitals, Consumer Credit Assoc., local court-houses, Social Security Administration, local attorneys, etc. Each state has a Lawyer Referral Service and referrals are also made from out-of-state.

APPLICATION FOR REGISTRATION

FAIRFIELD COUNTY LAWYER REFERRAL SERVICE
1000 LAFAYETTE BLVD., BRIDGEPORT, CT 06604
PHONE: 203-335-4116 FAX: 203-336-8986
EMAIL: LRSERVICE04@YAHOO.COM

Name: _____ Business Phone: _____

Firm Name: _____ Fax: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____ EMAIL _____

Date of Admission to Connecticut Bar: _____

Date of Admission _____ to _____ (Please Name)

I am a member in good standing of the following Association:

Greater Bridgeport Bar Ffld. County Bar Danbury Bar
 Greenwich Bar Non-member attorney Newtown Bar Westport Bar

I understand that there is a non-refundable registration fee of \$140.00 per calendar year to the Fairfield County Lawyer Referral Service (LRS) if I am a member of one of the Bar Associations listed above (\$200.00 if I am a non-member attorney) and agree to remit a check in the appropriate amount with this application.

INSURANCE: Panel members are required to carry Professional Liability Insurance.

I certify that I presently am covered by and will continue as long as I am a member of the Fairfield County Lawyer Referral Service to be covered by Professional Liability Insurance.

Name of Insurance Carrier: _____

Amount of Liability: _____ Policy #: _____

Are there, or have there ever been in this state or elsewhere, any felony charges, disbarment proceedings, or disciplinary proceedings pending against you? _____ If yes, give details on a separate sheet.

I agree to abide by all Rules and Regulations of the Lawyer Referral Service which are attached hereto and incorporated herein by reference.

I understand that if I, or any member of my support staff, is not available to set up an appointment **while the client is on HOLD**, the next attorney in rotation will be called.

I understand that this application will continue for one year, and I agree to report promptly future occurrences which may materially alter the information provided herein.

Participation dues in this Referral Service are not deductible as charitable contributions for Federal Income tax purposes. However, such dues may be deductible as a business expense.

I understand and agree that of the fees I receive as a result of appointments made by the Lawyer Referral Service, I will remit to the Service within 15 days of receipt, the following:

1. \$35.00 from each consultation.
2. A percentage of the total fee received according to the referral fee schedule in order to defray the cost of operation of this Service.

(CONT.)

TOTAL FEE RECEIVED BY ATTORNEY

Less than \$200.00
Over \$200.00

REFERRAL FEE DUE THE LRS

None
10% of fee received over \$200.00

I will comply with the periodic reporting requirements necessary to ascertain the status of the Lawyer Referral Service appointments, and I understand that I will be suspended from the Service or subject to other disciplinary action for the failure to comply with this requirement. **I UNDERSTAND THAT THE LRS CONDUCTS CLIENT FOLLOW-UP SURVEYS, THE RESPONSES OF WHICH WILL BE COMPARED TO MINE.**

In the event that it is necessary for Lawyer Referral Service to institute legal action to collect any sums due it, I agree to pay reasonable attorney's fees and court costs.

I hereby apply for registration of the Fairfield County Lawyer Referral Service. I solemnly affirm under the penalties of perjury that the foregoing statements and information on file with the LRS are true.

Date: _____ Signature: _____

AREAS OF EXPERTISE: Please indicate those areas listed below in which you desire to receive referrals and in which you **REPRESENT THAT YOU ARE EXPERIENCED AND COMPETENT.** (Please see rule 1.1 Rules of Professional Conduct and Comments thereto. **NOT MORE THAN FIVE (5) MAJOR CATEGORIES.** (Strike inapplicable sub-category.)

- | | | |
|------------------------------|-----------------------------------|-----------------------------|
| Appeals _____ | Family Relations: _____ | Product Liability _____ |
| Bankruptcy & Creditors _____ | Dissolution _____ | Real Property _____ |
| Civil Litigation _____ | Adoptions _____ | Condominium _____ |
| Civil Rights _____ | Immigration _____ | Foreclosures _____ |
| Discrimination _____ | Insurance _____ | Securities & Stock _____ |
| Collections _____ | Juvenile _____ | Social Security _____ |
| Consumer Protection _____ | Labor Relations _____ | Taxation _____ |
| Corporate/Business _____ | Landlord/Tenant _____ | Trusts/Estates/Wills _____ |
| Criminal _____ | Malpractice: _____ | Unemployment Comp. _____ |
| Education _____ | Dental _____ | Workers' Comp _____ |
| Elder Law _____ | Legal _____ | Zoning/Building Regs. _____ |
| Medicare/Medicaid _____ | Medical _____ | OTHER _____ |
| Entertainment _____ | Motor Vehicle _____ | _____ |
| Environmental _____ | Personal Injury (Defendant) _____ | _____ |
| | Personal Injury (Plaintiff) _____ | _____ |
| | Patents _____ | |

Foreign language spoken: _____ What other states licensed in? _____

*** SEE REVERSE SIDE FOR RETURN INSTRUCTIONS***

APPLICATION CHECKLIST

- **Completed 2012 Application**
- **Check for Panel Fee (MASTERCARD/VISA ACCEPTED):**

| | |
|---|-----------------|
| Member of local bar checked on first page | \$140.00 |
| Non-member attorney | \$200.00 |
- **Photocopy of face sheet of Professional Liability Insurance Policy.**
- **List the name of the person who is allowed to set up appointments for you if you are not available**

IF NO ONE FROM YOUR OFFICE CAN MAKE AN APPOINTMENT WHILE WE HAVE THE CLIENT ON HOLD, WE WILL GO ON TO THE NEXT ATTORNEY IN ROTATION

RETURN THIS APPLICATION AND NECESSARY DOCUMENTS TO:

**Fairfield County Lawyer Referral Service, Inc.
1000 Lafayette Blvd., Bridgeport, CT 06604**