



APPLICATION

List your name, address and telephone number as you wish them to appear in the Plan Attorney Directory.

Primary Contact Information:

Mr. _____ Mrs. _____ Ms. _____
First Name: _____
Middle Name or Initial: _____
Last Name: _____
Address 1: _____
Address 2: _____
City: _____
State: _____ Zip: _____
County: _____
Telephone Number: _____
Fax Number: _____
E-mail Address: _____

Practice Information:

Undergraduate College: _____
Law School: _____
Date Admitted to Bar(s): _____
Bar Number: _____
Licensed State(s): _____
Number of Years in Private Practice: _____
Number of Attorneys in Firm: _____
Number of Attorneys in Firm who are currently Plan Attorneys: _____
Are you or your staff fluent in any foreign languages?
(please list)

If you have a Martindale-Hubbell Rating, please list it:

Consumer Information:

Office Hours: _____
Proximity to Public Trans: _____
Disabled Accessible: _____
Ethnic Background: Black: _____ White: _____
Hispanic: _____ Asian: _____ Other: _____

Will represent Plan Members in the following counties:

For the practice areas for which you will accept referrals of U.S. Legal Services, Inc. plan members for Covered services pursuant to U.S. Legal Services, Inc. Attorney Fee Schedule [listings correspond to coverage descriptions in the Fee Schedule], please mark the appropriate percentage of your overall case mix:

- A. Civil Dispute Proceedings _____
- B. Dissolution, Divorce, Annulment or Legal Separation _____
- C. Post Decree Domestic Relations Matters _____
- D. Habeas Corpus Court Proceedings _____
- E. Insanity/Incapacity/infirmity Proceedings _____
- F. Name Change _____
- G. Administrative Agency Matters _____
 - G1. Agency Proceedings Generally _____
 - G2. IRS Proceedings: Audits/Collection Defense _____
 - G3. State/Local Tax Proceedings _____
 - G4. Immigration Proceedings _____
- H. Expungement _____
- I. Non-Business Bankruptcy _____
- J. Guardianship/Conservatorship _____
- K. Adoption Proceedings _____
- L. Juvenile Court Proceedings _____
- M. Defense of Criminal Charges _____
- N. Wills & Testamentary Trusts _____
- O. Trusts-Revocable & Irrevocable _____
- P. Protection of Inheritance Rights/Probate _____
- Q. Specific Document Preparation _____
- R. Real estate Transactions _____
- S. Traffic & Driving Privilege Protection _____
- T. Contingency Fee Cases – Plaintiff Only _____

Billing Information:

Please provide the name to which checks for services should be made payable: _____

Please provide the Taxpayer Identification Number for reporting your payments: _____



Professional Liability Insurance Disclosure:

I declare I have, and will maintain, professional liability insurance with limits of no less than \$100,000 per incident and \$300,000 aggregate per year. My policy information:

Insurer: _____
Policy #: _____

For the practice areas for which you will accept referrals for a discount of at least 33% off your normal rate for Non-Covered legal services, please mark the appropriate percentage of your overall case mix:

- Adoption _____
- Bankruptcy _____
- Business Entity Representation _____
- Civil Litigation _____
- Consumer Protection _____
- Creditor Representation _____
- Criminal Defense Representation _____
- Debtor Representation _____
- Divorce/Separation _____
- Elder Law _____
- Employment Law – Employee _____
- Federal Taxes _____
- Government Agencies & Programs _____
- Immigration Law _____
- Insurance Disputes _____
- Landlord/Tenant _____
- Medical Malpractice _____
- Personal Injury – Defense _____
- Personal Injury – Plaintiff _____
- Probate & Estate Administration _____
- Real Estate disputes _____
- Real Estate Transactions _____
- Securities Arbitrations & Litigation _____
- Social Security Law _____
- State of Local Taxes _____
- Traffic/DUI _____
- Wills & Estate Planning _____

Normal Hourly Rate:\$ _____

Percent I am willing to discount my normal hourly rate (must be at least 33%) % _____

If you currently offer services in any of the checked practice areas on a flat fee basis, please list the services and your normal flat fee charged:

I certify that the rates specified above are my normal hourly or flat fee rates. If I normally offer any legal services at rates other than those specified above, I have indicated such services and rates in the space below:

Disclosures:

Have any complaints been filed against you with any disciplinary authority?

Yes _____ **No** _____ (If your answer is “Yes”, please list the disciplinary authority, the nature and date of the complaint and the outcome.)

Have you ever been convicted of any charge involving fraud, **or** of a felony?

Yes _____ **No** _____

Please return this completed application to U.S. Legal Service, Inc., along with a copy of the declaration page from your professional liability policy.

By signing below, I verify that the information contained within this application is accurate and complete; and I certify my agreement to be bound by the terms of the U.S. Legal Services, Inc. Fee for Services Attorney Agreement, Plan Descriptions and Exclusions, and any subsequent revisions thereof.

Date: _____

Name: _____

Fax or mail completed application to:
U.S. Legal Services, Inc.
8133 Baymeadows Way, Suite 102
Jacksonville, FL 32256
FAX: 904-730-0023
Phone: 800-356-LAWS (5297)