



ATTORNEY APPLICATION

Primary Contact Information:

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: _____
 Are you or your staff fluent in any foreign languages?
 Yes No (please list) _____
 If you have a Martindale-Hubbell Rating, please list it:

Consumer Information:

Office Hours: _____
 Proximity to Public Trans: _____
 Disabled Accessible: _____

I will represent U.S. Legal Members for a flat fee for moving, non-moving and D.O.T. traffic citations in the following counties:

County	Amount	County	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

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 box for the type of law you handle:

<input type="checkbox"/> Adoption	<input type="checkbox"/> Immigration Law
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Landlord/Tenant
<input type="checkbox"/> Civil Litigation	<input type="checkbox"/> Medical Malpractice
<input type="checkbox"/> Consumer Protection	<input type="checkbox"/> Personal Injury – Defense
<input type="checkbox"/> Creditor Representation	<input type="checkbox"/> Personal Injury – Plaintiff
<input type="checkbox"/> Criminal Defense	<input type="checkbox"/> Real Estate Transactions
<input type="checkbox"/> Debtor Representation	<input type="checkbox"/> Social Security Law
<input type="checkbox"/> Family Law	<input type="checkbox"/> Insurance Disputes
<input type="checkbox"/> Elder Law	<input type="checkbox"/> Traffic/DUI
<input type="checkbox"/> Employment Law	<input type="checkbox"/> Wills & Estate Planning

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

My normal and customary hourly rate is \$_____ for referrals.

Payment: Attorney invoices received by U.S. Legal by the 24th of the month, payment will be mailed or direct deposited by the 5th business day of following month. In the interest of “going green”, we prefer to direct deposit. Please attach a copy of a voided check and the FEIN or SSN connected to the entity or name reported to the IRS for the designated bank account.

Name: _____ Date _____
 (Signature of Participating Attorney)

SSN or Fed. I.D. No. _____
 (as reported to the IRS)

Accepted by: _____ Date _____
 U.S. Legal Services and its subsidiaries

Fax or mail completed application to:

U.S. Legal Services, Inc.

8133 Baymeadows Way, Jacksonville, FL 32256

FAX: (904) 861-1001 * Phone: (800) 356-LAWS

www.uslprotects.com