

**MEDINA COUNTY BAR ASSOCIATION
2024 LAWYER REFERRAL SERVICE APPLICATION**

The Medina County Bar Association (the “MCBA”) is pleased to provide a Lawyer Referral Service (the “Service”). The program is subject to rules established by the MCBA. In order to register for the program, you must complete this application and pay a fee of \$25.00 to the MCBA (the application and the fee must be submitted annually).

When prospective clients contact the MCBA and request a lawyer, the MCBA will refer the client to one or more attorneys who have indicated that they practice in the relevant subject matter area. By registering for the Service, you agree to provide a half hour initial consultation for prospective clients. The only fee that may be charged for this consultation is a \$25.00 fee, which shall be payable to the MCBA and promptly remitted to the MCBA. Thereafter, any further services you provide the client shall be based upon terms you and the client establish.

Name: _____

Ohio Supreme Court Registration Number: _____

Law Firm Name & Office Address: _____

Home Address: _____

Office Phone Number: _____

Office Fax Number: _____

E-mail address: _____

Please indicate the areas of practice for which you will be available for consultation.

____ Adoptions & Guardianship

____ Legal Malpractice

____ Bankruptcy

____ Medical Malpractice

____ Business Organizations

____ Medicare & Medicaid

____ Civil Rights/Discrimination

____ Oil & Gas

____ Civil Litigation

____ Patent Law

____ Collections

____ Pensions

____ Construction Law

____ Personal Injury

- | | |
|---|--|
| <input type="checkbox"/> Consumer Law | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Contract Law | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Copyright & Trademark | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> School Law |
| <input type="checkbox"/> Domestic Relations | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Elder Law | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Estate Planning (Wills/Trusts) | <input type="checkbox"/> Traffic (DUI) |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> Juvenile Law | <input type="checkbox"/> Veteran & Military Law |
| <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

I, the undersigned, a member in good standing with the MCBA, agree to participate in the Service and further agree to accept referral cases of a volunteer nature. In the event the Executive Committee of the MCBA requires additional information concerning my qualifications, I will furnish the same by separate letter. I will in no event hold the MCBA or any officer or any committee member to any liability whatsoever in connection with a referral. I further agree to furnish a one-half hour consultation for any paying client whom I have been notified is being referred to me and who at the same time pays the Referral Service the \$25.00 fee. I have the right to waive the fee if I deem the client unable to pay. I also agree to collect the \$25.00 fee from any client referred to me by the Service and will, within one week, forward this fee to the Service. If any further consultation or service of any kind is required, I will make an agreement in advance with the referral client concerning the amount of my fee thereafter.

I have read the Rules established by the MCBA related to the Service and hereby agree to abide by the same.

Signature _____

Date _____

YOU MUST RETURN THIS APPLICATION ALONG WITH A \$25.00 ENROLLMENT FEE CHECK, **PAYABLE TO THE MEDINA COUNTY BAR ASSOCIATION**, NO LATER THAN MARCH 1, 2024.

You must renew your application every year.

YOU MUST ALSO PROVIDE EVIDENCE OF MALPRACTICE INSURANCE CURRENTLY IN FORCE. A copy of the policy declaration page showing a minimum coverage of \$100,000 per occurrence and \$300,000 in the aggregate is required.

The information and check should be mailed to: GINA HOTCHKISS, Medina County Bar Association, 93 Public Square, Medina, OH 44256