

# LRS Member Information

(revised 8.11.2014)

**BEFORE COMPLETING THIS APPLICATION, PLEASE READ THE LRS DESCRIPTION & RULES OF OPERATION**  
**(FIND AT WWW.AUSTINLRS.ORG)**

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Firm name \_\_\_\_\_

Office Address \_\_\_\_\_ Zip \_\_\_\_\_

Nearest major intersection \_\_\_\_\_ Number of attorneys in your firm: \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

May LRS add its link to your website? (this will enhance your site and the LRS site in searches) \_\_\_\_\_

In what counties do you practice? \_\_\_\_\_ Do you practice statewide? \_\_\_\_\_

Date licensed (in any state) \_\_\_\_\_ Law school \_\_\_\_\_

Other states/dates in which licensed \_\_\_\_\_ Other degrees (CPA, MD, RN, etc.) \_\_\_\_\_

Bar card number \_\_\_\_\_ Date of Birth \_\_\_\_\_

In what fields are you board certified? \_\_\_\_\_

Are you fluent in a second language? If yes, which? \_\_\_\_\_

Can you provide services to Spanish speaking clients? If yes, how? \_\_\_\_\_ (staff? interpreter?)

Is your office handicap accessible? \_\_\_\_\_ Do you provide home visits? \_\_\_\_\_ Weekend or evening appointments? \_\_\_\_\_

Do you accept credit cards? \_\_\_\_\_ Payment plans? \_\_\_\_\_ Other \_\_\_\_\_

Will you participate in a speaker's bureau? Topics? \_\_\_\_\_

Are you willing to write a legal column? Topics? \_\_\_\_\_

Will you consider mentoring other LRS attorneys in your area(s) of practice? LRS will give your name to a colleague needing a consultation on a legal matter. Although mentors will not be "of record," nor be required to hold lengthy meetings with protégé, you may wish to walk a protégé through a process in order to help them achieve higher levels on LRS subject matter applications. Mentors should be willing to accept occasional phone calls and offer information or support on difficult cases.

yes \_\_\_\_\_ no \_\_\_\_\_ Areas of the law you will mentor: \_\_\_\_\_

Will you participate in LegalLine? (volunteer to answer calls from the public in the LRS office along with 5 other lawyer volunteers; 5:30 to 7:30 pm first Tuesdays; LRS solicits volunteers each month: yes \_\_\_\_\_ no \_\_\_\_\_

Will you agree to offer a discount to Veterans? LRS recommends a 20% discount of your normal attorney's fees: yes \_\_\_\_\_ no \_\_\_\_\_

(continued)

## Certification

I certify that I have read and will abide by all rules promulgated by LRS, as they exist at the time of application and as they may be amended from time to time hereafter. The rules, as may be amended, are incorporated herein for all purposes.

I certify that I am competent to practice in the categories designated for referral. I agree to furnish a one-half hour consultation. If further consultation or legal service is required, I will enter into a written fee agreement in advance with the referral client concerning the amount of the fee to be paid by the client.

I specifically agree that I will not raise the fee I charge to the client above those I normally charge for the same or similar services to offset the fee that I pay to the LRS. I will not charge back the 15% LRS fee to the client.

I agree that I will not send LRS referrals to other lawyers but will send potential clients back to LRS for further assistance.

On any referral that generates fees of over \$400.00, I agree to remit 15% of the amount of the fee that I receive that is in excess of \$400.00 to LRS within thirty (30) working days of receiving the fee. If co-counsel or other counsel is engaged, the co-counsel or other counsel will abide by the percentage fee arrangement. If co-counsel or other counsel does not agree with nor pays percentage fees due to LRS, I will be responsible for the entire fee generated in the engagement. I understand that I must refer potential clients that I turn down back to LRS.

I further agree that I will keep accurate records of all cases sent from the LRS and promptly respond to inquiries by the LRS office, written or oral, regarding any referrals sent to me. I agree that I will promptly remit all consultation fees and percentage fees to the LRS.

I have been disbarred, suspended, received probation, publicly reprimanded, as an attorney or as a member of any other profession whether in Texas or another state.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      If yes, please attach an explanation.

I understand that I have an affirmative duty to inform the LRS within five (5) days if I:

- \_\_\_\_\_ receive a public or private reprimand or am placed on probation, suspended, or disbarred by the State Bar of Texas;
- \_\_\_\_\_ am charged by information or complaint with a misdemeanor offense that constitutes a crime of moral turpitude, or am indicted on felony charges;

I understand that failure to comply with the terms hereof shall entitle LRS to pursue all legal and equitable remedies to enforce my obligations. I further certify that I have read, understand, and am in compliance with all the rules, conditions, and requirements for membership in the Lawyer Referral Service of Central Texas.

Signature \_\_\_\_\_ Date \_\_\_\_\_