

LRS Member Information

(Revised 08.22.2024)

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 _____

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 to provide brief legal advice, remotely at the comfort of your office, with 4 other lawyer volunteers; 5:30 p.m. to 7:30 p.m. first Tuesdays; LRS solicits volunteers each month. Your help is much needed and appreciated. yes _____ no _____

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

LRS Member Agreement

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 am competent to practice in the categories/panels designated for referral. I will provide up to a one-half hour consultation to review the referral client's issue. 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 understand that I am prohibited from raising 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.

I agree to remit 15% of all legal fees billed and collected 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 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 will promptly remit all consultation fees and percentage fees to the LRS.

I understand that all records between LRS and myself are retained in either original or electronic form.

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 entitles LRS to pursue all legal and equitable remedies to enforce my obligations.

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. I understand that failure to comply with LRS may result in suspension or removal from LRS programs.

Signature _____ Date _____