

REFERRAL ATTORNEY QUESTIONNAIRE

ALL FIELDS MUST BE COMPLETED

Attorney's Full Name:

Complete Firm Name:

Physical Address:

Please list any additional offices on a separate sheet.

Mailing Address (if different):

County Where Firm is Located:

Website:

Firm Phone(s)#:

Fax#:

Assistant Name:

Assistant Phone #:

Attorney Email:

Assistant Email:

Please list all states in which you are currently licensed to practice law:

State:

Date of Admission:

Bar#:

Federal Tax ID#:

Martindale-Hubbell Rating (NR if not rated):

Check if you are licensed in Federal Court. IF CHECKED - Please list where and what districts:

(NY only)- Appellate Court #(s):

If you or anyone on your staff is bilingual, please list the languages below:

Has any disciplinary action been taken against you or you or your firm? YES* NO * **IF YES** - Please explain on an additional sheet.

Are you currently covered by malpractice insurance? YES* NO * **IF YES** - Please attach a copy of your insurance showing carrier, amount and expiration date.

PLEASE LIST ALL FEE RATES (both standard & discounted):

Standard Hourly Rate:

Member's 25% Discounted Rate:

If you handle moving traffic violations, what is your agreed rate for LegalShield (Benefit II/"B2") traffic cases:

Standard Contingency Rate:

Member's Contingency Discounted Rate (3-5%):

PLEASE LIST SERVICES AND FEES BELOW FOR WHICH YOU CHARGE AS A FLAT FEE:

Service

Standard Flat Fee

Member's Discounted Fee (3-5%)

PLEASE CHECK ALL AREAS OF LAW IN WHICH YOU ARE INTERESTED IN RECEIVING REFERRALS:

By your signature below you acknowledge and represent that you are competent in accordance with applicable professional standards and regulations to represent clients in the areas you have checked.

- | | | | | |
|---------------------|---------------------|---------------|------------|---------------------------------|
| Administrative Law | | | | Health Care |
| Admiralty/Maritime | | | | Human Rights |
| Adoption | Contested | Uncontested | Stepparent | Identity Theft |
| Automobile Accident | | | | Immigration |
| Banking | | | | Insurance |
| Bankruptcy | Ch-7 | Ch-13 | Ch-11 | Intellectual Property |
| Business Law | License, Fees, etc. | | Litigation | International |
| Civil Litigation | | | | Juvenile |
| Civil Rights | | | | Labor Law |
| Class Action | | | | Land Use and Zoning Law |
| Collection | | | | Landlord Tenant |
| Conservatorship | | | | Legal Malpractice |
| Consumer/Finance | | | | Loan Modification |
| Contract Law | | | | Longshoreman |
| Copyright | | | | Medicaid |
| Corporate | | | | Medical Malpractice |
| Criminal | | | | Military Law/Security Clearance |
| Deeds | | | | Name Change |
| Dental Malpractice | | | | Negligence Law |
| Discrimination | | | | Patents |
| Divorce | Contested | Uncontested | | Payday Loans /Title Loans |
| Education | | | | Personal Injury |
| Elder Law | | | | Probate |
| Employment | | | | Product Liability |
| Entertainment | | | | Public Service |
| Environmental Law | | | | QDRO |
| ERISA | | | | Real Estate |
| Estate Planning | | | | Closings |
| Family Law | Custody/Visitation | Child Support | Paternity | Litigation |
| FDCPA | | | | Small Claims |
| Firearms | | | | Social Security |
| Foreclosures | | | | SSI |
| Franchise Law | | | | SSDI |
| General Law | | | | Tax |
| Guardianship | | | | Federal |
| | | | | State |
| | | | | Trademarks |
| | | | | Traffic |
| | | | | Tribal Law |
| | | | | Trusts |
| | | | | Special Needs Trusts |
| | | | | Veteran's Affairs |
| | | | | Workman's Compensation |
| | | | | Federal WC |
| | | | | Wrongful Death |

Please list all the states, cities and counties in which you would be interested in receiving referrals (CANADA only -List cities):

Check here if you accept statewide referrals. **IF CHECKED** - Please list the areas of law below.

Attorney's Signature

Date

REFERRAL ATTORNEY SERVICE COMMITMENT

1. I acknowledge that I have been informed regarding the Provider Firm's commitment to LegalShieldSM and the members of LegalShieldSM.
2. I will treat all LegalShieldSM members with the same respect and courtesy I extend to my clients, along with meeting all ethical rules of professional responsibility set forth by the State Bar Association in the state where I practice.
3. I will do my utmost to ensure that all calls that I receive from LegalShieldSM members will be returned in 4 to 8 business hours by me or the appropriate member of my staff.
4. I will contact the Provider Firm if for any reason I am not able to return a call from a LegalShieldSM member or if I am not able to reach a LegalShieldSM member after three (3) attempts.
5. I will only speak positively to LegalShieldSM members regarding LegalShieldSM and its products and procedures. I will submit any questions, critiques, or criticisms that I may have directly to appropriate personnel at the Provider Firm or corporate offices of the company.
6. I will inform the Provider Firm in the event I am not able to accept a referral. I understand it is the Provider Firm's responsibility to arrange a referral, and therefore, I will not attempt to refer the member to another attorney if I am unable to assist.
7. I will inform the Provider Firm if I decide to withdraw as the attorney in any matter I have accepted representation for a LegalShieldSM member.
8. I will execute a separate Attorney-Client contract in all matters in which I accept representation for a LegalShieldSM member. The contract will clearly state my hourly rate or flat rate, the corresponding discount provided to the LegalShieldSM member, and the amount of the required retainer. Each billing invoice will show the total before LegalShieldSM discount and total after discount.
9. I will provide a monthly billing statement to each LegalShieldSM member for whom I have accepted representation.
10. I will contact the Provider Firm to seek their assistance in resolving any issues or difficulties that may occur with the LegalShieldSM member.
11. I will let the Provider Firm know if my schedule is full and I am unable to accept referrals for a while.
12. I will provide the Provider Firm with my updated declaration sheet each year as soon as I receive it from my insurance carrier.
13. Neither I, nor my spouse or dependent children, nor any of my staff nor their spouses or dependant children, are LegalShieldSM marketing associates and will not become one.
14. ELIGIBILITY
 1. Before accepting a referred Client, Referral Attorney will conduct a review of his or her records to determine whether a conflict of interest is present.
 2. Have a minimum of two (2) years experience in the practice of law.
 3. Will be rated by Martindale-Hubbell, with either an "AV" or "BV" rating or no rating.
 4. No public discipline by Disciplinary Board of the Supreme Court of your state.
 5. Maintain legal malpractice insurance with a minimum coverage of \$100,000 per occurrence.
 6. Referral Attorney shall provide legal services to Clients at a discount of twenty-five (25%) from Referral Attorney's standard hourly rate.

Signed by:

Referral Attorney Signature

Date

Name (please print)

Location (state)