

WASHINGTON COUNTY BAR ASSOCIATION

2023 Lawyer Referral Service Programs

Register/Renew using this form **OR online** at our member-to-member database & LRS portal:
https://washcobar.community.lawyer/attorneys/sign_in (You can use the member-to-member database w/o joining LRS!)
If reg/renewing LRS online, you still need to MARK/SIGN 3(a) & 4 ON PAGE 2 of this form & return to WCBA.

#1) Panelist Contact Info	
Attorney/Panelist's Name:	
Firm:	
Primary Office Address (street, city, state, zip):	
Phone:	Fax:
Email:	Alternate Email:
Is Office ADA Compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Languages (Spanish, Arabic, ASL, etc.):	
Other U.S. states in which you are admitted to practice:	

#2) Annual LRS Registration	WCBA Mbrs	Non-Mbrs	Amount Due
<input type="checkbox"/> Lawyer Referral Service (LRS) – Current panelists must re-new! DID YOU ALREADY PAY ONLINE? <input type="checkbox"/> YES <input type="checkbox"/> NO If “yes,” you still need to <u>mark & sign sections 3(a) and 4</u>	\$50	\$250	\$
<input type="checkbox"/> Modest Means Referral Program (MM) MARK & SIGN SECTIONS 3(a) AND 4 on PAGE 2! For referrals w/client's stated income btwn 125-200% of the Federal Poverty Guidelines (see MM chart for list of flat fee & hourly-rate cases)	\$0	n/a	n/a
Pro Bono / Legal Aid Conflict Referrals Program (PAI) <input type="checkbox"/> I will accept eligible and applicable pro bono referrals (at least 1 pro bono case/year & at least 1 paid case per year). MARK & SIGN SECTIONS 3(a) AND 4 ON PAGE 2! <input type="checkbox"/> I choose to OPT-OUT but will donate to support the program* <input type="checkbox"/> I opt-out because I provide pro bono service thru other programs	\$0 (\$250 opt-out amt suggested)	n/a	\$

MARK PRACTICE AREAS & SIGN PANEL AGREEMENTS ON REVERSE/PG 2!

Remit to Washington County Bar Association, 119 S. College St., Washington, PA 15301; or call 724-225-6710 to pay by credit card; or pay online by credit card at the LRS portal and then scan/email (wcbawashcobar.org) or fax (724-225-8345) both sides of this completed/signed form to WCBA.

Amount Due →

Check # _____ Date received: _____ or Charge My Credit Card
 Card #: _____ Expiration date (mm/yy): _____
 Security code: _____ Billing Zip Code: _____
3 digit # on back, or AmEx 4-digit # on front

*Note: for Pro Bono opt-out, you may include your donation in the same check as above, or separately payable to “Washington County Bar Foundation”, a 501c3 charitable organization, contributions to which are tax-deductible; official registration and financial information may be obtained from the PA Dept of State by calling toll-free, within PA, 1-800-732-0999. Registration does not imply endorsement.

#3 Practice Areas – Self-Certify & Mark (☑) PANELS & SIGN NEXT SECTION

Attorney’s Name (print): _____

3(a). I certify that I am competent to practice in the areas of law that I have indicated below AND/OR online and/or as I may add, change and/or update them in the ONLINE LRS portal.

3(b). Mark below **OR ONLINE** as many matter areas and/or subtypes as appropriate to your statement above:
 * Modest Means case-types; † Pro Bono/Legal Aid Conflict Program case-types; ⊙ LRS no consultation fee collected

- | | | |
|---|---|---|
| <input type="checkbox"/> GENERAL PRACTICE | <input type="checkbox"/> Criminal Law (if all 3 sub-areas) | <input type="checkbox"/> Labor/Employment Issues |
| <input type="checkbox"/> Admiralty/Maritime | <input type="checkbox"/> DUI | <input type="checkbox"/> Landlord/Tenant, Evictions *† |
| <input type="checkbox"/> Auto Law/Insurance/UM/UIM | <input type="checkbox"/> Expungements * | <input type="checkbox"/> Malpractice – Medical/Dental ⊙ |
| <input type="checkbox"/> Bankruptcy/Debt (if all 4 sub-areas) | <input type="checkbox"/> Traffic viol., DL suspensions | <input type="checkbox"/> Malpractice – Legal |
| <input type="checkbox"/> Bankruptcy – Chapter 7* ⊙ | <input type="checkbox"/> Estate Plan./Admin. (if all 3)* | <input type="checkbox"/> Municipal |
| <input type="checkbox"/> Bankruptcy – Chapter 13* ⊙ | <input type="checkbox"/> Elder law*† | <input type="checkbox"/> Personal Injury ⊙ |
| <input type="checkbox"/> Debt/Credit Issues | <input type="checkbox"/> POA/Advanced Directives | <input type="checkbox"/> PFA*† |
| <input type="checkbox"/> Taxes/IRS Issues | <input type="checkbox"/> Guardianships*/Trusts | <input type="checkbox"/> Real Est./Property (if all 4 subareas) |
| <input type="checkbox"/> Identity Theft | <input type="checkbox"/> Family Law (if all 5 sub-areas) | <input type="checkbox"/> Oil/Gas, Mineral Rights |
| <input type="checkbox"/> Civil Rights, Discrim., HIPAA | <input type="checkbox"/> Adoption/TPR, Paternity† | <input type="checkbox"/> Deeds, Boundary issues* |
| <input type="checkbox"/> Civil/Tort/Product Liability | <input type="checkbox"/> Custody/Visitation*† | <input type="checkbox"/> Mortgage Foreclosures* |
| <input type="checkbox"/> Collaborative Law, Mediation | <input type="checkbox"/> Marriage/Divorce/Support*† | <input type="checkbox"/> Sheriff/Tax Sales |
| <input type="checkbox"/> Construction Law | <input type="checkbox"/> Emancipation of Minor | <input type="checkbox"/> School/Education |
| <input type="checkbox"/> Consumer/Lemon Law*† | <input type="checkbox"/> Name Change*† | <input type="checkbox"/> Slander/Libel/Harassment |
| <input type="checkbox"/> Comm./Corporate (if all 3 sub-areas) | <input type="checkbox"/> Immigration/Naturalization | <input type="checkbox"/> SSI/SSD†⊙ |
| <input type="checkbox"/> Commercial Contracts | <input type="checkbox"/> Intellectual Prop/Patent/Trademark | <input type="checkbox"/> Unemployment Comp.* † ⊙ |
| <input type="checkbox"/> Corporate - Business Law | <input type="checkbox"/> Juvenile Delinquency | <input type="checkbox"/> Workers Compensation ⊙ |
| <input type="checkbox"/> Corporate - Non-Profit Law | <input type="checkbox"/> Juvenile Dependency / CYS† | <input type="checkbox"/> Other(s): _____ |

#4) Referral Program Agreements–MUST ☑ & SIGN TO PARTICIPATE!

I will accept referrals in the Lawyer Referral Service (LRS) Program. I agree to provide each program client a one-half hour initial consultation at a fee of no more than the program’s rate, currently \$50 (\$35 of which is retained by WCBA; \$15 of which to be applied to your next year’s dues unless you opt-out), and I understand that the initial consultation fee is waived for the following case-types: Personal Injury, Medical Malpractice, Bankruptcy, SSI/SSD, Unemployment Compensation, and Worker’s Compensation. **I agree to remit a percentage fee of 10% on all gross fees over \$1,000 received as a result of a program referral.** I agree that notice to withdraw registration with the program must be made in writing upon five (5) days notice and understand that if registration is withdrawn, or suspended for cause, that no refund on any portion of the registration fee will be refunded; and further understand that withdrawn or suspended panelists shall not thereby be relieved of the duty to dispose of, in accordance with the rules, any pending cases or any reporting or financial obligation incurred during program membership.

I will accept referrals in the Pro Bono Project / Legal Aid Conflict (PAI) Program. I agree to accept, at minimum, two cases per program year--the first case on a pro bono basis, additional cases at program’s compensated rate, currently \$50/hour (\$25 for initial consultation)--with cases exceeding the max hourly cap and certain expenses to be approved by the program monitor.

I will accept referrals in the Modest Means (MM) Referral Program. I agree to charge a consultation fee no higher than the applicable Modest Means hourly rate (\$0 to \$75) and a retainer to be set at my discretion after a review of the case but no more than the amount stated for flat fee cases and no more than 10 times the amount of the applicable hourly rate, currently \$75.

By signing below, I agree to abide by the rules, regulations, and reporting requirements of the referral program(s) I have selected above and understand that the charges for my services to program clients shall not exceed program guidelines, subject to my contract with the client per our signed Fee Agreement and the Rules of Professional Conduct. I certify that I am competent to practice in the areas of law that I have checked and in which I have agreed to accept referrals; I agree to maintain the minimum amount of Professional Liability Insurance (\$100,000 per occurrence and \$300,000 in the aggregate), or, if I do not carry at least this amount, I shall inform clients in writing per Rule 1.4(c) of the PA Rules of Professional Conduct; I agree that fee disputes shall be submitted to the Fee Dispute Committee of the Washington County Bar Association and its decision shall be final and binding and may be entered in any court with jurisdiction; and I also hereby agree to indemnify, defend, and hold harmless the Washington County Bar Association, its members, committees, employees, officers, and agents from any and all damages, claims, demands, actions, liability or loss which may arise from, or be incurred as a result of, or in connection with any and all referral of clients to me through its referral services.

Attorney/Panelist’s Signature: _____ Date: _____