

**NEW APPLICATION**

**SOUTH BAY BAR ASSOCIATION  
LAWYER REFERRAL SERVICE**

P.O. Box 154  
Torrance, California 90507  
PHONE (310) 787-9405 FAX (310) 787-8405  
E-mail: sbba2007@sbcglobal.net

**For Office Use Only**

Date Received \_\_\_\_\_  
\$ \_\_\_\_\_ Ck# \_\_\_\_\_  
Ins. Copy Rcvd.  
 Yes  No  
Ins. Exp. Date: \_\_\_\_\_  
Areas of Pract. Rcvd.  
 Yes  No  
SBBA Member:  
 Yes  No  
Annual Admin. Fee. Pd. \_\_\_\_\_  
Activation Date: \_\_\_\_\_

Name:		Firm:	
Office Address:			
Telephone:		Fax:	E-mail address:
Foreign Language(s):			
Admission California Bar: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	State Bar Number:	
Other States in which admitted:			

<b>SPECIAL SERVICE PANELS:</b>	Please check appropriate panel if willing to participate.		
Alternative Dispute Resolution		Pro Bono Clinic	
Will you accept:	Modest Means/Sliding Scale?	Deferred Fees/Contingency?	

<b>DISCIPLINARY MATTERS:</b>	Have you ever been disciplined by <u>any</u> State Bar?		
If yes, please provide the following information:		Date of disciplinary action:	
Type of disciplinary action:		Date of termination of action:	

**CERTIFICATE**

I. I understand that this application is made for me personally, and not on behalf of a firm or any other parties. If I am in a firm which customarily provides joint legal services, other counsel in my firm may be associated to perform a portion of professional services agreed upon provided that (a) the referred client agrees and, (b) any counsel so associated is a member of the Lawyer Referral Service of the South Bay Bar Association, and (c) such associated counsel complies with the South Bay Bar Association Lawyer Referral Service Rules and Regulations and the Rules and Regulations of the State Bar of California Pertaining to Lawyer Referral Services in all respects.

X Your initials here indicate that you understand and agree to the contents of paragraph 1, above.

Initials \_\_\_\_\_ Date: \_\_\_\_\_

2. I hereby certify that I have read and will comply with the South Bay Bar Association Lawyer Referral Service Rules & Regulations.

3. I further certify that I have read and will comply with the Rules and Regulations of the State Bar of California Pertaining to Lawyer Referral Services.

*X Your initials here indicate that you understand and agree to the contents of paragraphs 2 & 3, above.*

Initials \_\_\_\_\_ Date: \_\_\_\_\_

4. I hereby certify that I comply with the required experience criteria for each checked area of law and am competent to handle referral cases in each checked area of law.

5. I further certify that I am an active member of the State Bar of California and I have professional liability insurance with coverage of not less than \$100,000 per occurrence and \$300,000 aggregate per year which must remain in force for the entire year of the application. Attached is a photocopy of the face page of my policy; I will provide a new copy of the face page at the policy renewal period, or upon request.

*X Your initials here indicate that you understand and agree to the contents of paragraphs 4 & 5, above.*

Initials \_\_\_\_\_ Date: \_\_\_\_\_

6. I further agree that while I am a member of this Service I shall immediately inform the Service, in writing, of any disciplinary action taken against me by the State Bar of California.

7. Should any dispute concerning fees arise between myself and a client referred by the Lawyer Referral Service, such disputes, if the client elects, will be submitted to the Mandatory Fee Arbitration Program of the State Bar of California, unless both parties agree in writing to submit to binding arbitration by the Mandatory Fee Arbitration Committee established pursuant to Business & Professions Code §§ 6200 et seq., or by means otherwise acceptable to the State Bar after full disclosure of the interest of the Service in the outcome of the arbitration.

*X Your initials here indicate that you understand and agree to the contents of paragraphs 6 & 7, above.*

Initials \_\_\_\_\_ Date: \_\_\_\_\_

8. I agree to do all things reasonable to see that a client referred to me is accommodated and given the opportunity to have reasonable and competent attorney services at a cost no greater than that which would normally be charged if the Lawyer Referral Service were not involved, and to assure proper and accurate reporting to the Service and payment of all fees due to the Service.

*X Your initials here indicate that you understand and agree to the contents of paragraph 8, above.*

Initials \_\_\_\_\_ Date: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please return completed Application and Areas of Practice checklist with your membership fee to:

South Bay Bar Association  
**Lawyer Referral Service**

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