

**CONDITIONS OF INDIANAPOLIS LEGAL AID SOCIETY
LAWYER REFERRAL SERVICE**

At the time of joining the Indianapolis Legal Aid Society (ILAS) Lawyer Referral Service, panel members must give immediately and annually evidence of coverage under a professional liability insurance contract in the minimum amount of \$100,000. Referrals for employment involving the Securities and Exchange Commission are excluded. SEC referrals, if requested, will require Panel Members to give evidence of coverage applicable to the liability arising out of the handling of SEC matters. **No matter will be accepted without this information.**

My Professional Liability Carrier is: _____
Policy Number: _ _ _ _ _ **Deductible Amount:** \$ _____ **Expiration:** _____

Panel Members will be expected to handle all cases to a conclusion unless prevented from doing so by the client.

The ILAS will administer the Lawyer Referral Service and should be notified promptly of any change of address, withdrawal of membership, or termination of the above-described insurance coverage.

It is agreed that no application for panel membership will be considered unless, as of the date thereon, the applicant is qualified and unrestricted in his or her ability to practice law before the Courts and agencies that hear the matters designated on the application. An attorney may serve on the panel only so long as he or she is so qualified.

An applicant may be denied panel membership, and a Panel Member may be removed or suspended from membership at any time for a good cause, as determined by the ILAS.

I understand that in the event an ethical or disciplinary complaint designated "misconduct" is under investigation by the Indiana Supreme Court Disciplinary Commission. or any bar organization or investigation agency. I must reveal this fact and the nature of the complaint to the ILAS within ten (10) days of notice of the complaint being served upon me. I understand that my status upon the panel may then become subject to review. I understand that I may be removed from the panel without hearing in the event a grievance defined as "misconduct" is filed against me, and I do not notify the ILAS within ten (10) days. I understand I will be removed if an action fix suspension or disbarment is initiated or if I am suspended or disbarred by the Disciplinary Commission, subject to my right thereafter to a notice and hearing by the ILAS.

It is agreed that the panel membership fee is Two Hundred (\$200.00) Dollars per year, and said fee is required to be submitted along with this application agreement. It is further agreed that the panel member shall handle one pro bono case per year, which has been pre-screened and referred by the ILAS staff attorneys.

I understand that the ILAS will give the name, address, and telephone number of panel members on a rotation basis based upon the area of law in which representation is requested. All fees shall be by agreement between the referred person and the member lawyer and shall be reasonable as defined by the Rules of Professional Conduct that govern lawyers.

I represent that I am competent to practice law in any area that I have requested referrals from the ILAS. Any failure to abide by the terms of this application and agreement of the ILAS shall subject the Member to removal or suspension from the panel

I understand that my panel membership is subject to the conditions stated on this application.

Dated: _____

Signature

Printed

All membership fees should be forwarded to:

**Indianapolis Legal Aid Society, Inc.
615 North Alabama Street, Room #122
Indianapolis, IN 46204**

Or on the website: indylas.org, please note Lawyer Referral.

INDIANAPOLIS LEGAL AID SOCIETY
REFERRAL SERVICE APPLICATION

1. NAME: _____
2. Office Address _____
Telephone Number. _____ E-mail: _____
3. Name of Law Firm: _____
4. I graduated from the following Law School: _____
5. I was admitted to the practice of law in Indiana in the year: _____
My Supreme Court Attorney Number is _____
6. I have been admitted to the practice of law in the State of Indiana and the other following States: _____
7. I can communicate in the following language(s): _____
8. I am interested in accepting cases from the referral service in the following categories checked:

Alcohol/OWI _____	Landlord/Tenant _____	Special Divorce Panel _____
Adoption _____	Legal Malpractice _____	I agree to accept a divorce
Appeals _____	Libel/Slander _____	in which the party cannot
Aviation _____	Mechanic's Lien _____	afford a retainer, but in
Bankruptcy _____	Medical _____	which it is anticipated that
Chapter7 _____	Malpractice _____	said party's legal fees will be
Chapter11 _____	Medicaid _____	Ordered by the Court to be
Chapter12 _____	Military/VeL Aff _____	paid by the opposing party.
Chapter13 _____	Misdemeanors _____	(Any referral on the
Business Sales _____	Motor Carrier _____	Special Divorce Panel will
Business Tax _____	Name Change _____	not remove your name from
Civil Appeals _____	Parole/Pardon/ _____	normal rotation.)
Civil Rights, _____	Probation _____	
Collection _____	Paternity _____	Pro Bono Accepted for
Commercial _____	Personal Income Tax _____	_____
Real Estate _____	Personal Injury _____	
Consumer _____	Properly Damage _____	Lawyer Referral Service
Construction _____	Post Decree _____	Panel Fee Paid
Contracts _____	Products Liability _____	Date _____
Copyright _____	Lemon Law _____	
Corporation _____	Public Authority _____	
Creditor Rights _____	Liability _____	
Criminal _____	Residential R/E _____	
Divorce _____	Buyer _____	
Post Divorce _____	Seller _____	
Employment _____	Small Claims _____	
Entertainment _____	Social Security _____	
Estate _____	Sports _____	
Federal _____	Traffic Violation _____	
Franchise _____	Trust _____	
Guardianships _____	Unemployment _____	
Housing _____	Victim's Rights _____	
Immigration _____	Welfare Rights _____	
Insurance _____	Wills _____	
International _____	Workers Comp. _____	
Labor/Employee _____	Zoning/Annex. _____	
Labor/Employer _____		
Juvenile _____	Other _____	

