

SCBA GAAP Referral Service Application

Name _____ WSBA Membership No. _____

Address _____ City _____ Zip _____

Office Telephone _____ Office Fax _____

I was admitted to practice in Washington in (year) _____

I am admitted to practice in the additional state courts: _____

I speak the following foreign languages: _____

I will accept cases in the areas checked. I consider myself competent in these areas.

- | | | |
|--|---|---|
| <p>____ (1) Animal Rights/Issues</p> <p>____ (2) Bankruptcy</p> <p>____ (3) Animal Rights/Issues</p> <p>____ (4) Bankruptcy</p> <p style="padding-left: 20px;">(a) ____ Debtor</p> <p style="padding-left: 20px;">(b) ____ Creditor</p> <p>____ (5) Business Law/Partnership</p> <p>____ (6) Civil Rights</p> <p>____ (7) Collection</p> <p style="padding-left: 20px;">(a) ____ Debtor</p> <p style="padding-left: 20px;">(b) ____ Creditor</p> <p>____ (8) Condo/Hmeownr. Assoc.</p> <p>____ (9) Consumer Protection</p> <p>____ (10) Contracts</p> <p>____ (11) Copyright ___ Patent ___ Trademarks</p> <p>____ (12) Corporations</p> <p>____ (13) CPS</p> <p>____ (14) Criminal</p> <p style="padding-left: 20px;">(a) ____ MIS/Infractions</p> <p style="padding-left: 20px;">(b) ____ Felonies</p> <p style="padding-left: 20px;">(c) ____ Appeals</p> <p style="padding-left: 20px;">(d) ____ Expungements</p> <p>____ (15) DSHS</p> <p>____ (16) Education/School Matters</p> <p>____ (17) Employment Matters</p> <p style="padding-left: 20px;">(a) ____ Disputes</p> <p style="padding-left: 20px;">(b) ____ Wrongful Term</p> <p style="padding-left: 20px;">(c) ____ Discrimination / Harassment</p> | <p>____ (18) Estate Planning</p> <p style="padding-left: 20px;">(a) ____ Wills</p> <p style="padding-left: 20px;">(b) ____ Probate</p> <p style="padding-left: 20px;">(c) ____ Estate Planning</p> <p style="padding-left: 20px;">(d) ____ Trusts</p> <p style="padding-left: 20px;">(e) ____ Medicare/caid</p> <p>____ (19) Family Law</p> <p style="padding-left: 20px;">(a) ____ Adoptions</p> <p style="padding-left: 20px;">(b) ____ Custody</p> <p style="padding-left: 20px;">(c) ____ Dissolution</p> <p style="padding-left: 20px;">(d) ____ Guardianships</p> <p style="padding-left: 20px;">(e) ____ Legal Separation</p> <p style="padding-left: 20px;">(f) ____ Live-in Relationships</p> <p style="padding-left: 20px;">(g) ____ Modifications</p> <p style="padding-left: 20px;">(h) ____ Parenting Plan</p> <p style="padding-left: 20px;">(i) ____ Paternity</p> <p style="padding-left: 20px;">(j) ____ Restraining Orders</p> <p style="padding-left: 20px;">(k) ____ Support Matters</p> <p style="padding-left: 20px;">(l) ____ Visitation</p> <p>____ (20) Immigration</p> <p>____ (21) Insurance</p> <p style="padding-left: 20px;">(a) ____ Auto</p> <p style="padding-left: 20px;">(b) ____ Health</p> <p style="padding-left: 20px;">(c) ____ Home/Renters</p> <p style="padding-left: 20px;">(c) ____ Life</p> <p>____ (22) Internet</p> <p>____ (23) Juvenile Law</p> <p style="padding-left: 20px;">(a) ____ Dependency</p> <p style="padding-left: 20px;">(b) ____ Delinquency</p> <p style="padding-left: 20px;">(c) ____ Criminal</p> | <p>____ (24) Labor/Union Law</p> <p>____ (25) Landlord/Tenant</p> <p style="padding-left: 20px;">(a) ____ Tenant</p> <p style="padding-left: 20px;">(b) ____ Landlord</p> <p>____ (26) Mediation</p> <p>____ (27) Military Law</p> <p>____ (28) Personal Injury</p> <p style="padding-left: 20px;">(a) ____ Plaintiff</p> <p style="padding-left: 20px;">(b) ____ Defendant</p> <p>____ (29) Police Misconduct</p> <p>____ (30) Professnl. Licensing</p> <p>____ (31) Professnl. Malpractice</p> <p style="padding-left: 20px;">(a) ____ Medical</p> <p style="padding-left: 20px;">(b) ____ Dental</p> <p style="padding-left: 20px;">(c) ____ Legal</p> <p>____ (32) Property Damage</p> <p>____ (33) Real/Estate</p> <p style="padding-left: 20px;">(a) ____ Buy/Sell</p> <p style="padding-left: 20px;">(b) ____ Foreclosure</p> <p style="padding-left: 20px;">(c) ____ Land Use</p> <p style="padding-left: 20px;">(d) ____ Zoning</p> <p>____ (34) Securities</p> <p>____ (35) S.S.I./S.S.D.</p> <p>____ (36) Taxation</p> <p>____ (37) Unemployment</p> <p>____ (38) Veteran's Law</p> <p>____ (39) Work Comp./Federal/State</p> <p>____ (40) OTHER:</p> |
|--|---|---|

I am willing to make shut-in calls to homes, hospitals, and nursing homes: () Yes () No
I am willing to make appointments on Saturdays and evenings: () Yes () No
I am willing to take referrals in the following counties: _____

I hereby certify that I carry, and will continue to carry, professional liability insurance
in the minimum amounts of \$100,000/\$300,000.

My insurance carrier is: _____
My policy number is: _____
My policy expires: _____

The undersigned hereby applies for registration on the Panel of the GAAP Lawyer Referral Service of the SCBA. I will carry malpractice insurance as required. I recognize the Service as a means and opportunity whereby the legal profession can render better service to the public, and agree to set reasonable fees of \$50.00 an hour in matters referred to me in accordance with RPC 1.5 of the Rules of Professional Conduct. I authorize personnel of the SCBA Office to serve as my limited agent for the purposes of intake interviews associated with the GAAP Lawyer Referral Service.

Dated this _____ day of _____ 2009

(Signature of Applicant)

Return to:
SCBA GAAP Lawyer Referral Service
P.O. Box 5429
Everett, WA 98206
(425) 388-3018
Fax: (425) 388-3978