

LAWYER REFERRAL SERVICE PROGRAM APPLICATION

Date: _____

Name: _____
(Last) (First) (Middle)

Phone Number _____

TYPES OF PRACTICE ACCEPTABLE: (CHECK FIVE)

- 1. Negligence, Personal Injury, Products Liability
- 2. Domestic Relations, Divorce, Custody, Adoption
- 3. Real Estate
- 4. Wills, Trusts, Estates
- 5. Collections, Contracts
- 6. Consumer Complaints, 93A Claims
- 7. Criminal
- 8. Discrimination, Wrongful Termination.
- 9. Guardians, Conservators, Name Change
- 10. Business and Corporate Law
- 11. Zoning, Variances, Planning Boards
- 12. Bankruptcy
- 13. Municipal Law
- 14. Entertainment
- 15. Malpractice (specify legal or medical)
- 16. Patents, Copyrights, Trademarks
- 17. Tax
- 18. Immigration
- 19. Labor
- 20. Social Security, Unemployment, Administration Hearings
- 21. Worker's Compensation
- 22. Landlord-Tenant
- 23. Other _____

Will you volunteer to attend our Wednesday evening Legal Clinic from 5-7 p.m. held at the Cambridge Superior Court? Yes No.

Do you agree to render a consultation to clients referred by MCBA for \$25.00 per referral up to 1/2 hour? Yes No.

Would you accept one no-fee case per year? Yes No.

Do you carry malpractice insurance? Yes No. Please attach copy of same.

Signature _____