

Lawyer Referral Service

Panel Application



Certification

By executing this application, I hereby certify the following:

- A. I am a member in good standing of the Bar of the State of New Jersey;
- B. I am an active member in good standing of the Camden County Bar Association;
- C. I authorize any review of my records by the Lawyer Referral Service Advisory Committee relative to my participation in the LRS Program;
- D. I am duly qualified to practice law;
- E. I have the requisite experience and competence to practice in the areas of law I have indicated for referrals as provided by the Code of Professional Responsibility;
- F. I will adhere to the recognized ethical standards of the Profession;
- G. I authorize the LRS Advisory Committee to examine any and all material which is presently on file, or which may hereafter be filed, with the appropriate District Ethics Committee during the period that I am a member of the LRS Panel;
- H. I carry legal malpractice insurance with minimum coverage of \$500,000/\$500,000 with a maximum deductible of \$5,000;
- I. I will provide a Certificate of Coverage with a 10-day cancellation clause to the Camden County Bar Association as a condition of my Panel membership. Said insurance shall be in force at all times during my term of membership on the Panel;
- J. I agree to be bound by all rules and regulations of the Lawyer Referral Service presently, or as may be modified in the future.

Signature _____ Date _____

Please return completed application, annual panel fee - payable to Camden County Bar Association - and Insurance Certificate to:

CCBA Lawyer Referral Service
1040 N. Kings Highway, Suite 201
Cherry Hill, NJ 08034

Questions?

Call 856.482.0620 or email dkw@camdencountybar.org

Visit us on the web at camdencountybar.org