

LAWYER REFERRAL SERVICE OF SANTA CRUZ COUNTY

Sponsored by Santa Cruz County Bar Association

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APPLICATION FOR MEMBERSHIP

For the period of July 1, 2025 to June 30, 2026

Membership shall be for the fiscal year. Acceptance for the current fiscal year does not guarantee acceptance for any following years. Each member shall apply annually. **Please note that for the 2025-2026 term, panel fees will be waived for Santa Cruz County Bar Association members. All LRS members will be required to remit percentage fees as described in the application.**

I hereby apply for membership in the Santa Cruz County Lawyer Referral Service ("LRS"), sponsored by the Santa Cruz County Bar Association and certified by the State Bar of California (#0055), and make the following representations:

NAME _____ FIRM _____

PHONE _____ FAX _____ CELL _____

EMAIL _____ WEB SITE _____

OFFICE ADDRESS _____

MAILING ADDRESS _____

YEAR ADMITTED TO CALIFORNIA BAR _____ STATE BAR # _____

A. LRS PANELS

I wish to be a member of the following LRS Panels. I have read the local Rules of the LRS, I meet or exceed the minimum criteria for membership in each of the Subject Matter Panels to which I am applying.

SUBJECT MATTER PANELS (See Rules, Attach. A)

____ **Appellate** (no panel fee)
____ Criminal _____ Civil
____ **Bankruptcy** (one panel fee)
____ Chapter 7 _____ Chapter 13
____ Chapter 11 _____ Other
____ **Business** (one panel fee)
____ Entities - Formation & Operation
____ Non-Profit Corporations - Form/Operate
____ Contracts - Drafting & Review
____ Securities
____ **Civil Litigation** (one panel fee)
____ **Collection** (no panel fee)
____ **Consumer** (no panel fee)
____ Auto Contracts/Lemon Law
____ Defective Products _____ Other
____ **Criminal Defense** (one panel fee)
____ Misdemeanor _____ Felony
____ Major Felony _____ Juvenile Delinquency
____ **Elder and Youth Law** (one panel fee)
____ Elder Law

____ Special Needs Trusts
____ Public Benefits

Elder and Youth Law (continued)

____ Adoption
____ International Adoptions
____ Native American Adoption
____ CPS/Dependency
____ Emancipation
____ **Employment** (no panel fee)
____ Labor/Union _____ Wages/Benefits
____ Harassment _____ Wrongful Term.
____ Discrimination: _____ Age _____ Race
____ Sex _____ Other

____ **Estate Planning** (one panel fee)

____ Wills & Trusts
____ Powers of Attorney
____ Trust Administration

____ **Estate Admin/Probate** (one panel fee)

____ Litigation

☐ Conservatorship
☐ Guardianship
☐ Estate Administration
☐ Elder Abuse

☐ **Real Property** (one panel fee)
☐ Sales/Exchanges ☐ Titles
☐ Construction
☐ Financing
☐ Loan Modifications
☐ Foreclosure
☐ Mobile Homes
☐ Neighbor Disputes / Easements
☐ Mechanics Liens ☐ Timeshares
☐ Zoning & permit use app process,
including administrative hearings
☐ Other

(See next page for continued listings)

☐ **Family Law** (one panel fee)
☐ Dissolution with and w/out minor children
☐ Prenups
☐ QDROs

☐ **Government Benefits** (no panel fee)

☐ **Immigration/Naturalization** (no panel fee)

☐ **Insurance Coverage** (one panel fee)

☐ **Landlord/Tenant** (one panel fee)
☐ Discrimination/ADA
☐ Mobile Home ☐ Other

☐ **Malpractice** (no panel fee)
☐ Legal ☐ Medical

☐ **Patent/Trademark/Copyright** (one panel fee)

☐ **Personal Injury/Tort** (one panel fee)

☐ **Small Claims** (no panel fee)

☐ **Taxation** (one panel fee)

☐ **Traffic** (one panel fee)

☐ **Workers Compensation** (no panel fee)

GENERAL PANEL (If the type of law you practice is
not listed above, specify.)

☐ I have signed the Self-Certification of Experience, included hereto as Page 5 of this Application for Membership as proof of my qualifications for the Subject Matter Panels and/or Arbitration/Mediation.

-OR-

☐ I am a State Bar Certified Specialist in _____

B. APPLICATION DECLARATIONS

1. **Consultation Fees:** I understand that the only fee charged to the client for the first half hour consultation shall be \$50.00. I understand that I may not waive a fee for an initial consultation for any reason unless previously arranged with the LRS office. I further agree to update the client information status on the Community Lawyer website within seven (7) days from the date of the appointment. If the client status is not updated within the time frame outlined above, LRS may provide verbal notice (through a phone call to my office) and written notice (letter, fax, Email) describing a date certain within which current client information will be provided. I understand and agree that Lawyer Referral Service has the authority to remove my name from consideration for further referrals if I have not provided client information and applicable percentage fee payments within 30 days without express permission from LRS.
2. **Contracts with Clients:** I am free to contract with the client for additional legal services at my regular rates. I agree to promptly forward 15% of all such additional fees to the LRS, within 30 days of collecting and earning said fees. My written fee agreement with the client will reflect this arrangement in a form substantially as follows:

“(Client) _____ was referred to Attorney by the Lawyer Referral Service of Santa Cruz County. Fifteen percent of any attorney fees will be forwarded To LRS in accordance with LRS Rules. This fee-sharing arrangement shall not increase Client’s costs for legal services beyond that which the Client would normally pay.”

LRS will provide me with verbal (through a telephone call to my office) and written (email or postal delivery) notice of the fact that the above described fees have not been submitted and will provide a date certain as to when those fees should be submitted to LRS. I further understand and agree that LRS has the authority and right to remove my name from consideration for further referrals until I have submitted fifteen percent (15%) of any additional fees to LRS, as outlined above, by that date. I will return a 15% form for each client with any 15% fees that are forwarded to the LRS Office and will completely fill out form with the information requested.

3. **Insurance:** I certify that I am covered under a policy of errors and omissions insurance in a minimum amount of \$100,000/\$300,000 and **I AM ATTACHING A COPY OF THE FACE SHEET OF SAID POLICY. IF MY INSURANCE SHOULD LAPSE OR BE CANCELED DURING THE TIME I AM A MEMBER OF THE LRS, I SHALL IMMEDIATELY NOTIFY THE LRS.** I understand and agree that having insurance in the above-described amounts is a prerequisite to receiving any LRS referrals. By accepting an LRS referral, I am warranting that I continue to maintain an insurance policy in conformity with LRS rules, and that such policy is in good standing. I further recognize and agree that, if the insurance policy should lapse or be canceled, I will neither receive nor be entitled to receive any further LRS referrals, and I will neither receive nor be entitled to receive any refund or relinquishment of any payments I have given or owe the LRS (whether as an application fee, panel fees, or otherwise).
4. **Arbitration:** I agree to abide by all rules and regulations of the Santa Cruz County Lawyer Referral Service, including submission of any fee dispute arising between me and a client referred by the Service, if the client so elects, to binding arbitration through the State Bar of California Fee Arbitration Program.
5. **Rescheduling of Appointments:** I understand that every attempt should be made by me to meet with the client per schedule. In the event of an emergency and the need to reschedule, I further understand that it is my obligation to give the LRS office a minimum of four hours notice of any scheduling changes, and failure to do so may result in a review by the LRS Committee. Also, repeated cancellations or rescheduling of appointments may be cause for payment of lost referral fees to LRS by my office, and/or removal from LRS membership panels.
6. **Minimum Qualifications:** Participation on all LRS panels is conditioned upon meeting the minimum qualifications or experience levels set forth in this application and Rules. I understand that I may petition for review if my application for a particular panel is denied or if I believe I am otherwise qualified to serve on this panel.

Petitioners should submit: 1) a completed application; 2) declaration(s) in support from one or more attorneys who can explain why the applicant is qualified for the panel and agreeing to serve as a “sponsor” or in a support role during the applicant’s first year; 3) a letter from applicant describing how he or she will work with the sponsoring attorney to meet the needs of the LRS client while maintaining client confidentiality. Petitions will be reviewed on a case by case basis.

7. **Foreign Languages:** The following foreign languages are spoken in my office: _____ by myself _____, by my staff _____.
8. **Disciplinary Proceedings:** I have _____, or I have not _____ been subject to disciplinary proceedings by the State Bar of California or by any other Bar. If I have, an explanation is attached.
9. **Application Denial:** Refer to attachment B.5 and Attachment C.

10. **Fee Waivers:** I agree to consult occasionally with clients who have received a Fee Waiver from LRS. Fee waivers are given to a limited number of financially pre-qualified clients each month.

C. FEES: (Mid-year discount shown below)**

JOIN BETWEEN JULY 1, 2025 & DEC. 31, 2026: NON-BAR ASSOCIATION MEMBERS PAY FULL MEMBERSHIP & PANEL FEES (#1 and #3 below)

- | | | |
|----|--|------------------|
| 1. | MEMBERSHIP FEES FOR BAR ASSOC. MEMBERS - \$200 | \$ _____ |
| 2. | MEMBERSHIP FEES FOR NON-BAR MEMBERS - \$300 | \$ _____ |
| 3. | PANEL FEES - | \$ <u>WAIVED</u> |
- \$30 for each panel checked except where "no panel fee" is indicated

TOTAL AMOUNT ENCLOSED FOR FULL ONE-YEAR MEMBERSHIP \$ _____

****** MID-YEAR DISCOUNT: ** JOIN BETWEEN January 1, 2025 & June 30, 2026: Non-Bar Association members take a 50% discount from #1 and #3 above.**

- | | | |
|----|--|----------|
| 1. | MID-YEAR MEMBERSHIP FEES FOR SCCBA MEMBERS - \$100 | \$ _____ |
| 2. | MEMBERSHIP FEES FOR NON-SCCBA MEMBERS - \$150 | \$ _____ |
| 3. | PANEL FEES - | \$ _____ |
- \$15 for each panel checked except where "no panel fee" is indicated

TOTAL AMOUNT ENCLOSED FOR MID-YEAR MEMBERSHIP \$ _____

D. STATE BAR OF CALIFORNIA RULES & REGULATIONS PERTAINING TO LAWYER REFERRAL SERVICES INCLUDING MINIMUM STANDARDS FOR LRS IN CALIFORNIA (effective January 1, 1997):

I have received from the LRS Office a copy of the Rules for the Lawyer Referral Service of Santa Cruz County, a copy of the Rules & Regulations of the State Bar of California Pertaining to Lawyer Referral Services including Minimum Standards for a Lawyer Referral Service in California (adopted January 21, 2014) and a copy of the Business and Professions Code, Section 6155 et seq., Amended effective January 1, 1995.

_____ Yes

E. PRO-BONO AND/OR LOW-FEE PROGRAM: (Please check #1 or #2 below)

1. _____ I will be available to handle:
_____ One pro bono matter per year
AND/OR
_____ One low-fee matter per year
2. _____ I will not be available to handle any pro-bono or low-fee matters

Dated _____ Signature _____

BE SURE TO ENCLOSE A COPY OF YOUR CURRENT MALPRACTICE INSURANCE WHICH SHOWS POLICY AMOUNTS AND EXPIRATION DATE.

PLEASE GIVE DIRECTIONS THAT WILL ENABLE CLIENTS TO MORE EASILY LOCATE YOUR OFFICE (Renewing members do not need to fill this out)

Membership Packet Includes:

1. Application for Membership and Self-Certification of Experience

Keep all of the following attachments for your records.

2. Attachment A: LRS Rules
Exhibit 1: Subject Matter Panel Requirements, Criminal Law
3. Attachment B: LRS Procedure for Reviewing Qualifications for Panel Membership
4. Attachment C: LRS Denial, Suspension or Removal from the Service
5. State Bar Minimum Standards and B&P Code Sections

SELF-CERTIFICATION OF SUBJECT MATTER PANELS

For those panels I checked in my “LRS Application for Membership,” I certify under penalty of perjury that I have met all the experience requirements (refer to Rules, Rule 4, Pages 1-3).

Date _____ Signature _____

SELF-CERTIFICATION FOR CRIMINAL LAW ONLY

I certify under penalty of perjury that I have met all the standards required under Exhibit 1 to attachment A of the LRS Application for the following:

_____ Misdemeanor _____ Felony _____ Major Felony _____ Juvenile Delinquency

Date_____ Signature_____

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