



**Lawyer Referral Service
of Santa Cruz County**

Panel Attorney Application

Thank you for your interest in joining the Lawyer Referral Service (LRS) panel. Please complete this application. Approved applicants will receive instructions for completing their Qase profile, uploading proof of professional liability insurance, and submitting the annual participation fee.

Attorney Name: _____

Law Firm (if applicable): _____

California State Bar Number: _____ **Date Admitted:** _____

Office Address: _____

Telephone: _____ **Email:** _____

Requested Practice Panels

(Panel assignments are subject to review and approval.)

- ☐ Business / Contracts ☐ Criminal Law ☐ Immigration
☐ Employment Law ☐ Estate Planning / Trusts / Probate
☐ Family Law ☐ Landlord / Tenant
☐ Personal Injury ☐ Real Estate
☐ Workers' Compensation ☐ General Civil
☐ Other: _____

Eligibility

- ☐ I am an active member in good standing of the State Bar of California.
☐ I maintain professional liability insurance meeting LRS requirements.
☐ I have read and agree to comply with the Lawyer Referral Service Rules and Standards.

Professional Responsibility

Have you been publicly disciplined, suspended, disbarred, or otherwise had your license restricted in any jurisdiction within the past ten (10) years?

- ☐ No ☐ Yes (If yes, briefly explain)

Certification

I certify that the information above is true and complete. I understand that acceptance to the Lawyer Referral Service is subject to approval by the Lawyer Referral Service Committee and compliance with LRS Rules and State Bar requirements.

Signature: _____ **Date:** _____