



Lawyer Referral Service Membership Renewal

Membership Year January 1, 2020 – December 31, 2020

Registration Fee: \$125 / panel member

Name: _____

Bar Number: _____

E-mail Address: _____

Firm Name: _____

Office Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Under penalty of perjury, I hereby swear and affirm that I have read and agree to abide by the rules and regulations of The Florida Bar Lawyer Referral Service. Enclosed is my check for \$125 (made payable to The Florida Bar) for the annual membership fee and a copy of the current face sheet/ declarations page of my professional liability insurance policy.

I certify that I currently have professional liability insurance with limits not less than \$100,000 and will continue to carry professional liability insurance with limits not less than \$100,000 as long as I am a member of The Florida Bar Lawyer Referral Service.

I agree to remit to the Service 12% of any gross attorneys' fees due me for services performed in connection with any Regular Panel cases (Bankruptcy and Social Security cases are exempt as well as referrals made on the Low Fee and Elderly Fee panels).

I agree to charge no more than \$25.00 for the initial half-hour office consultation.

I agree to update case statuses, case fees and remit case fees in a timely manner by utilizing the online platform.

I understand that this application is made only on my behalf and not on behalf of my firm or any of my associates. Accordingly, I agree that the initial consultation in connection with any referred matter will be with me personally. I understand that the information contained herein may be furnished to people who seek assistance from the Service, and that the Service in so doing will be relying on the representations which I have made herein.

I agree to abide by all of the rules of the Service and indemnify and hold harmless The Florida Bar and any of its officers, members or employees from any and all claims, demands, actions, liability or loss which may arise from, or be incurred as a result of the operation of the Service or referrals of clients through the Service, or by my failure to comply with any provision of the rules of the Service, or use of information contained in the application.

I understand that the Service may survey clients referred to me and may follow up on reported cases.

Signature: _____

Date: _____

Please mail the completed renewal, your \$125 check, and a copy of your current professional liability insurance declarations page to:

**The Florida Bar Lawyer Referral Service
651 E Jefferson St
Tallahassee, FL 32399**