

The West Virginia State Bar Lawyer Referral Service Application

The referral service offers clients an opportunity to find a lawyer, and lawyers an opportunity to find clients. There is an annual fee of \$50 for the participating lawyer, and you must agree to see clients for an initial consultation for a fee of no more than \$25.

Please join this professional and public service program. Please fill out the registration form below and return it to the State Bar office. If you have any questions, please contact our Lawyer Referral Service Coordinator

Name: _____ Office Phone: _____

Address: _____ County: _____

City: _____ Zip: _____

Email: _____

1. I (We) will accept referrals in the following counties: _____

2. I (We) will accept referrals relating to the following matters:

- | | | |
|--|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Corporate | <input type="checkbox"/> Lemon Law |
| <input type="checkbox"/> Admiralty | <input type="checkbox"/> Criminal | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Domestic | <input type="checkbox"/> Military Law |
| <input type="checkbox"/> Banking | <input type="checkbox"/> DUI | <input type="checkbox"/> Name Changes |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Entertainment Law | <input type="checkbox"/> Patents |
| <input type="checkbox"/> Black Lung | <input type="checkbox"/> Environmental Law | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Civil | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Physician Licensing |
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> FELA (Railroad) | <input type="checkbox"/> Product Liability |
| <input type="checkbox"/> Coal, Oil & Gas | <input type="checkbox"/> Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Insurance | <input type="checkbox"/> Social Security/Workers' Comp |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Labor Law | <input type="checkbox"/> Speeding Tickets |
| <input type="checkbox"/> Consumer Protection | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Legal Malpractice | <input type="checkbox"/> Tobacco |
| | | <input type="checkbox"/> Wills |

3. I (We) are covered by an attorney professional liability insurance policy in the amount of \$100,000 or more.

a) My insurance carrier is: _____

b) My policy number is: _____

c) My policy expires: _____

4) I (We) will abide by the Rules and Regulations of The West Virginia Lawyer Referral Service. ([click here](#))

Signature

Please return \$50 payment & form to:

LRS Coordinator
The West Virginia State Bar
2006 Kanawha Boulevard, East
Charleston, WV 25311-2204

LRS application.wpd