

**Nashville Bar Association Lawyer Referral and Information Service**  
**315 Union Street, Suite 800, Nashville, TN 37201**  
**Telephone (615) 242-9272 • Facsimile (615) 255-3026**

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Name \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

BPR # \_\_\_\_\_

Are you a member of the Nashville Bar Association? Yes \_\_\_\_\_ No \_\_\_\_\_

As a condition of further participation in this program, I hereby swear and affirm:

(A) I have completed 15 hours of CLE this year. I did so by attending the following:

\_\_\_\_\_

**Or attach a copy of your CLE report, which reflects compliance with above requirements.**

(B) I continue to carry professional liability insurance with limits not less than \$100,000/\$300,000. A copy of the policy face sheet is attached.

(C) Unless I have litigated to judgment a similar matter, I agree to associate experienced co-counsel in any matter involving \$10,000 or more.

(D) When applying for membership on the Experience Subject Matter Panels (Bankruptcy, Criminal Felony, Personal Injury & Workers Compensation), I will provide to the Lawyer Referral Service proof of compliance with the panel requirements.

(E) I shall indemnify the Association, its officers, members, or employees for any loss sustained as a result of a claim made against me by a client referred through the service.

(F) I agree to the terms and conditions of the Nashville Bar Association's Lawyer Referral and Information Service Plan as it may be amended from time to time.

(G) The Nashville Bar Association reserves the right to audit the file to determine if it has received the appropriate amounts, according to our agreement.

(H) If it appears that the parties contemplate entering into a confidential settlement agreement, I shall inform the NBA as quickly as possible that the settlement will, or may, be confidential.

**FEE PARTICIPATION**

The Lawyer Referral and Information Service will receive 15% of any fee collected.

All subsequent legal matters that may arise that are not directly related to the original legal matter will not require the submission of a percentage fee to the Lawyer Referral and Information Service.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please indicate the following areas of law in which you will accept referrals and have had past relevant experience or training. Within those areas selected, indicate appropriate subcategories.

**\*\*NOTE FEE STRUCTURE FOLLOWING LIST OF PANELS FOR MEMBERSHIP FEES.**

\_\_\_\_\_ **Administrative Law \*Federal**

(a) \_\_\_\_\_ Unemployment (b) \_\_\_\_\_ Health Board (c) \_\_\_\_\_ School Board

(d) \_\_\_\_\_ Immigration\* (e) \_\_\_\_\_ Other\* **please specify** \_\_\_\_\_

\_\_\_\_\_ **ADR: \_\_\_\_\_ Mediation \_\_\_\_\_ Arbitration**

(a) \_\_\_\_\_ Business Dissolution (b) \_\_\_\_\_ Child Custody & Parenting Plans

(c) \_\_\_\_\_ Commercial & Financial (d) \_\_\_\_\_ Contracts (e) \_\_\_\_\_ Divorce

(f) \_\_\_\_\_ Employment (g) \_\_\_\_\_ Environmental (h) \_\_\_\_\_ Health Law & Elder Care

(i) \_\_\_\_\_ Intellectual Property (j) \_\_\_\_\_ Personal Injury (k) \_\_\_\_\_ Probate & Estates

(l) \_\_\_\_\_ Professional Liability (m) \_\_\_\_\_ Real Estate & Construction

(n) \_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ **Bankruptcy**

(a) \_\_\_\_\_ Consumer (b) \_\_\_\_\_ Business (c) \_\_\_\_\_ Creditor's Counsel

**\*\*Please complete attached "Subject Matter" requirements form.**

\_\_\_\_\_ **Business Organization—check all that apply**

\_\_\_\_\_ **Civil Rights \*\*Courtesy panel, NO FEE**

\_\_\_\_\_ **Consumer Rights**

\_\_\_\_\_ **Contracts**

\_\_\_\_\_ **Collections, Creditor/Debtor rights**

\_\_\_\_\_ **Criminal Felony \*\*Please complete attached "Subject Matter" requirements form.**

\_\_\_\_\_ **Criminal Misdemeanor (a) \_\_\_\_\_ Juvenile (b) \_\_\_\_\_ Traffic**

\_\_\_\_\_ **Domestic Relations—check all that apply**

(a) Divorce – Contested \_\_\_\_\_ Uncontested \_\_\_\_\_

(b) \_\_\_\_\_ Adoptions (c) \_\_\_\_\_ Custody/Visitation (d) \_\_\_\_\_ Child Support

(e) \_\_\_\_\_ Paternity (f) \_\_\_\_\_ Matters Involving DHS

\_\_\_\_\_ **Entertainment**

\_\_\_\_\_ **Guardianship/Conservatorship**

(a) \_\_\_\_\_ Elder Law (b) Powers of Attorney

(c) \_\_\_\_\_ Minor Child Guardianship/Grandparent's Rights

\_\_\_\_\_ **Insurance**

\_\_\_\_\_ **Intellectual Property—check all that apply**

(a) \_\_\_\_\_ Copyrights (b) \_\_\_\_\_ Trademarks (c) \_\_\_\_\_ Patents

\_\_\_\_\_ **Employment Contracts/Title VII**

(a) \_\_\_\_\_ Non-Compete Agreements (b) \_\_\_\_\_ Severance Package Neg.

(c) \_\_\_\_\_ Pensions (d) \_\_\_\_\_ ERISA/Employee Benefits

(e) \_\_\_\_\_ Title VII Discrimination/Harassment

(f) \_\_\_\_\_ Whistleblowers/OSHA (g) \_\_\_\_\_ Mediation

\_\_\_\_\_ **Landlord/Tenant \*\*Courtesy panel, NO FEE**

(a) \_\_\_\_\_ Landlord (b) \_\_\_\_\_ Tenant

\_\_\_\_\_ *Legal Malpractice*

\_\_\_\_\_ *Medical Malpractice*

- (a) \_\_\_\_\_ *Medical Malpractice* (b) \_\_\_\_\_ *Medical Negligence*  
(c) \_\_\_\_\_ *Dental Malpractice* (d) \_\_\_\_\_ *Wrongful Death*  
(e) \_\_\_\_\_ *Nursing Home Abuse/Neglect*

\_\_\_\_\_ *Military*

- (a) \_\_\_\_\_ *Litigation* (b) \_\_\_\_\_ *VA Benefits*

\_\_\_\_\_ *Miscellaneous Tort—check all that apply*

- (a) \_\_\_\_\_ *Property Damage* (b) \_\_\_\_\_ *Libel/Slander* (c) \_\_\_\_\_ *Product Liability*  
(d) \_\_\_\_\_ *Slip/Fall*

\_\_\_\_\_ *Personal Injury—check all that apply*

**\*\*Please complete attached “Subject Matter” requirements form.**

- (a) \_\_\_\_\_ *Motor Vehicle* (b) \_\_\_\_\_ *Premises Liability* (c) \_\_\_\_\_ *General Liability*

\_\_\_\_\_ *Real Property—check all that apply*

- (a) \_\_\_\_\_ *Construction Litigation* (b) \_\_\_\_\_ *Real Estate Closings/Transfers*  
(c) \_\_\_\_\_ *Metro Codes* (d) \_\_\_\_\_ *Zoning* (e) \_\_\_\_\_ *Boundary Dispute*  
(f) \_\_\_\_\_ *Mortgage Foreclosures* (g) \_\_\_\_\_ *Imminent Domain*

\_\_\_\_\_ *Social Security/Supplemental Security*

- (a) \_\_\_\_\_ *Adult* (b) \_\_\_\_\_ *Children*

\_\_\_\_\_ *Tax*

- (a) \_\_\_\_\_ *Consumer* (b) \_\_\_\_\_ *Business*

\_\_\_\_\_ *Victim’s Compensation*

\_\_\_\_\_ *Wills—check all that apply*

- (a) \_\_\_\_\_ *Estate planning* (b) \_\_\_\_\_ *Probate* (c) \_\_\_\_\_ *Trusts*

\_\_\_\_\_ *Workers’ Compensation—check all that apply*

**\*\*Please complete attached “Subject Matter” requirements form.**

- (a) \_\_\_\_\_ *Federal Comp.* (b) \_\_\_\_\_ *Metro Insurance*

***Fee Enclosed:***

\_\_\_\_\_ \$300.00 for membership (half price between Jan 1<sup>st</sup> and June 1<sup>st</sup>) on **One to Four** general panels for non-NBA members.

***\*Excluding Domestic Relations, Workers’ Compensation, Personal Injury, and Criminal panels. OR***

\_\_\_\_\_ \$100.00 for membership on **One to Four** general panels for NBA members.

***\*Excluding Domestic Relations, Workers’ Compensation, Personal Injury, and Criminal panels.***

*The surcharges for these panels are as follows:*

- \_\_\_\_\_ \$35.00 for membership on *Domestic Relations Panel*  
\_\_\_\_\_ \$25.00 for membership on *Workers’ Compensation Panel*  
\_\_\_\_\_ \$25.00 for membership on *Personal Injury Panel*  
\_\_\_\_\_ \$25.00 for membership on *Criminal Felony Panel*  
\_\_\_\_\_ \$25.00 for membership on *Criminal Misdemeanor Panel*  
\_\_\_\_\_ \$15.00 for each additional over four (4)

Total: \$ \_\_\_\_\_

Please check method of payment: ( ) Check ( ) Cash ( ) MasterCard ( ) VISA

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Please indicate any areas of law in which you are certified: \_\_\_\_\_

Other areas of law in which you have an interest: \_\_\_\_\_

\_\_\_\_\_

Other states in which you are licensed to practice law: \_\_\_\_\_

\_\_\_\_\_

Other languages in which you are fluent: \_\_\_\_\_

\_\_\_\_\_

Other languages in which a staff member is fluent: \_\_\_\_\_

Staff member's name and title: \_\_\_\_\_

Are you interested in serving on the LRIS Committee?

\_\_\_\_\_ Yes, please send me more information.

\_\_\_\_\_ No thanks.

Are you interested in volunteering for the monthly Dial-A-Lawyer program at the NBA offices?

\_\_\_\_\_ Yes, please send me more information.

\_\_\_\_\_ No thanks.

Please tell us how you heard about the Lawyer Referral and Information Service.

\_\_\_\_\_ Attorney Member      \_\_\_\_\_ Bar Journal Ad

\_\_\_\_\_ Brochure      \_\_\_\_\_ NBA Dues Application

\_\_\_\_\_ NBA E-mail Announcements

\_\_\_\_\_ Other

Please explain: \_\_\_\_\_

## *Field of Practice Listings*

If you wish to purchase Field of Practice listings on the website, you may do so at a rate of \$20.00 each.

- |  |   |
|--|---|
| <input type="checkbox"/> <i>Administrative</i>                   | <input type="checkbox"/> <i>Health Care &amp; Hospital</i>                  |
| <input type="checkbox"/> <i>Adoption</i>                         | <input type="checkbox"/> <i>Immigration</i>                                 |
| <input type="checkbox"/> <i>Antitrust &amp; Trade Regulation</i> | <input type="checkbox"/> <i>Insurance</i>                                   |
| <input type="checkbox"/> <i>Appeals</i>                          | <input type="checkbox"/> <i>International</i>                               |
| <input type="checkbox"/> <i>Arbitration/Mediation</i>            | <input type="checkbox"/> <i>Juvenile</i>                                    |
| <input type="checkbox"/> <i>Banking &amp; Finance</i>            | <input type="checkbox"/> <i>Labor</i>                                       |
| <input type="checkbox"/> <i>Bankruptcy</i>                       | <input type="checkbox"/> <i>Landlord/Tenant</i>                             |
| <input type="checkbox"/> <i>Business Organization</i>            | <input type="checkbox"/> <i>Litigation/Trial Practice</i>                   |
| <input type="checkbox"/> <i>Civil Rights</i>                     | <input type="checkbox"/> <i>Negligence/Personal Injury</i>                  |
| <input type="checkbox"/> <i>Commercial</i>                       | <input type="checkbox"/> <i>Patent</i>                                      |
| <input type="checkbox"/> <i>Computer</i>                         | <input type="checkbox"/> <i>Pension</i>                                     |
| <input type="checkbox"/> <i>Construction</i>                     | <input type="checkbox"/> <i>Probate</i>                                     |
| <input type="checkbox"/> <i>Consumer</i>                         | <input type="checkbox"/> <i>Product Liability</i>                           |
| <input type="checkbox"/> <i>Copyright</i>                        | <input type="checkbox"/> <i>Professional Negligence/Malpractice</i>         |
| <input type="checkbox"/> <i>Corporate</i>                        | <input type="checkbox"/> <i>Public Contracts</i>                            |
| <input type="checkbox"/> <i>Criminal/Federal</i>                 | <input type="checkbox"/> <i>Public Utilities &amp; Regulated Industries</i> |
| <input type="checkbox"/> <i>Criminal/Felony</i>                  | <input type="checkbox"/> <i>Real Estate</i>                                 |
| <input type="checkbox"/> <i>Criminal/Misdemeanor/Juvenile</i>    | <input type="checkbox"/> <i>Securities</i>                                  |
| <input type="checkbox"/> <i>Debtor/Creditor</i>                  | <input type="checkbox"/> <i>Social Security</i>                             |
| <input type="checkbox"/> <i>Disability Law</i>                   | <input type="checkbox"/> <i>Sports</i>                                      |
| <input type="checkbox"/> <i>DUI</i>                              | <input type="checkbox"/> <i>Taxation</i>                                    |
| <input type="checkbox"/> <i>Education</i>                        | <input type="checkbox"/> <i>Tax Free Bonds/Public Finance</i>               |
| <input type="checkbox"/> <i>Employment</i>                       | <input type="checkbox"/> <i>Trademark</i>                                   |
| <input type="checkbox"/> <i>Entertainment</i>                    | <input type="checkbox"/> <i>Transportation</i>                              |
| <input type="checkbox"/> <i>Environmental</i>                    | <input type="checkbox"/> <i>Trusts, Wills, &amp; Estate Planning</i>        |
| <input type="checkbox"/> <i>Family</i>                           | <input type="checkbox"/> <i>Worker's Compensation</i>                       |
| <input type="checkbox"/> <i>Franchise</i>                        | <input type="checkbox"/> <i>Wrongful Death</i>                              |
| <input type="checkbox"/> <i>General/Civil</i>                    | <input type="checkbox"/> <i>Wrongful Termination</i>                        |
| <input type="checkbox"/> <i>Government Affairs</i>               | <input type="checkbox"/> <i>Zoning &amp; Land Use</i>                       |

*I do not wish to be listed in the Field of Practice section of the NBA website.*

Nashville Bar Association  
Lawyer Referral and Information Service  
Subject Matter Requirements and Qualification Statement  
for the  
Personal Injury Panel

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In order to be referred matters on the Personal Injury Panel, an attorney must be an attorney of record and have fully prepared for trial and handled to completion, three separate cases in the subject area within five years OR within the last five years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

Please complete the following trial information OR attach a copy of your CLE report, which reflects compliance with the above CLE requirements.

1. Name of Client, Title of Case \_\_\_\_\_

Court \_\_\_\_\_ County \_\_\_\_\_

Description of work completed \_\_\_\_\_

Judge \_\_\_\_\_ Opposing Counsel \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_

Court \_\_\_\_\_ County \_\_\_\_\_

Description of work completed \_\_\_\_\_

Judge \_\_\_\_\_ Opposing Counsel \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_

Court \_\_\_\_\_ County \_\_\_\_\_

Description of work completed \_\_\_\_\_

Judge \_\_\_\_\_ Opposing Counsel \_\_\_\_\_

I affirm the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Nashville Bar Association  
Lawyer Referral and Information Service  
Subject Matter Requirements and Qualification Statement  
for the  
Criminal Felony Panel

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In order to be referred matters on the Criminal Felony Panel, an attorney must be an attorney of record and have fully prepared for trial and handled to completion, three separate cases in the subject area within five years OR within the last five years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

Please complete the following trial information OR attach a copy of your CLE report, which reflects compliance with the above CLE requirements.

1. Name of Client, Title of Case \_\_\_\_\_

Court \_\_\_\_\_ County \_\_\_\_\_

Description of work completed \_\_\_\_\_

Judge \_\_\_\_\_ District Attorney \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_

Court \_\_\_\_\_ County \_\_\_\_\_

Description of work completed \_\_\_\_\_

Judge \_\_\_\_\_ District Attorney \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_

Court \_\_\_\_\_ County \_\_\_\_\_

Description of work completed \_\_\_\_\_

Judge \_\_\_\_\_ District Attorney \_\_\_\_\_

I affirm the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Nashville Bar Association  
Lawyer Referral and Information Service  
Subject Matter Requirements and Qualification Statement  
for the  
Workers Compensation Panel

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In order to be referred matters on the Workers Compensation Panel, an attorney must be an attorney of record and have handled to completion, six separate cases in the subject area within five years, of which at least three have been taken in front of the BRC OR within the last five years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

Please complete the following case information OR attach a copy of your CLE report, which reflects compliance with the above CLE requirements.

1. Name of Client, Title of Case \_\_\_\_\_

Court \_\_\_\_\_ County \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_

Court \_\_\_\_\_ County \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_

Court \_\_\_\_\_ County \_\_\_\_\_

4. Name of Client, Title of Case \_\_\_\_\_

Court \_\_\_\_\_ County \_\_\_\_\_

5. Name of Client, Title of Case \_\_\_\_\_

Court \_\_\_\_\_ County \_\_\_\_\_

6. Name of Client, Title of Case \_\_\_\_\_

Court \_\_\_\_\_ County \_\_\_\_\_

I affirm the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Nashville Bar Association  
Lawyer Referral and Information Service  
Subject Matter Requirements and Qualification Statement  
for the  
Bankruptcy Panel

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**A. Chapter 7 Cases**

In order to be referred as counsel to a debtor in a **Chapter 7 Bankruptcy Case**, an attorney must have been the primary attorney of record and have handled to completion, through Notice of Discharge, three separate Chapter 7 cases within one year OR within the last three years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

Please complete the following case information OR attach a copy of your CLE report, which reflects compliance with the above CLE requirements.

1. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

**B. Chapter 13 Cases**

In order to be referred as counsel to a debtor in a **Chapter 13 Bankruptcy Case**, an attorney must have been the primary attorney of record and have handled to completion, including Confirmation, three separate Chapter 13 cases within one year OR within the last three years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

1. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

I affirm the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Cont. Bankruptcy Requirements*

**C. Chapter 11 Cases**

In order to be referred as counsel to a debtor in a **Chapter 11 Bankruptcy Case**, an attorney must have been the primary attorney of record and have handled to completion, including Confirmation, three separate Chapter 11 cases within three years OR within the last three years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

1. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

**D. Creditor's Counsel**

In order to be referred as counsel to a creditor in a case under any chapter of the Bankruptcy Code, an attorney must have been the primary attorney of record and have handled to completion, three separate Contested matters, as defined under Bankruptcy Rule 9014, within one year OR within the last three years, completed a minimum of 12 CLE credit hours approved by the Tennessee Commission on Continuing Legal Education in the subject area.

1. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

2. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

3. Name of Client, Title of Case \_\_\_\_\_  
District \_\_\_\_\_ City \_\_\_\_\_

I affirm the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date