

**CERTIFICATION APPLICATION  
FOR A  
LAWYER REFERRAL SERVICE  
IN CALIFORNIA**

***Lawyer Referral Services Certification Program***

THE STATE BAR OF CALIFORNIA  
180 Howard Street  
San Francisco, CA 94105-1639



# THE STATE BAR OF CALIFORNIA

OFFICE OF LEGAL SERVICES, ACCESS & FAIRNESS PROGRAMS

PATRICIA D. LEE, *Director*

180 HOWARD STREET, SAN FRANCISCO, CALIFORNIA 94105-1639

Telephone: (415) 538-2240

Fax: (415) 538-2552

E-mail: patricia.lee@calbar.ca.gov

## INSTRUCTIONS

- Before completing the Application, applicants are advised to carefully review:
  - *Business & Professions Code Section 6155, et seq. and*
  - *Rules and Regulations of the State Bar of California Pertaining to Lawyer Referral Services Including Minimum Standards for a Lawyer Referral Service in California, effective, January 1, 1997.*

Both Authorities are enclosed for your reference.

- Gather all Exhibits requested in the Application Checklist. Legible copies must be submitted with your Application.
- Answer all questions on the Application completely and legibly.
- Sign the Application.
- Complete the Application Checklist.
- Enclose the applicable fee:

Non-profit services:           \$1,000 for each county in which the service will operate

For-profit services:           \$5,000 for each county in which the service will operate (maximum \$10,000)

## NOTES

All references to "Rules" and "Minimum Standards" are to "*Rules and Regulations of the State Bar of California Pertaining to Lawyer Referral Services Including Minimum Standards for a Lawyer Referral Service in California*", effective January 1, 1997

All references to "Sections" are to "*Business & Professions Code Section 6155, et seq.*", effective January 1, 1995.

## **PROCESSING TIME**

The length of time needed to review your application will depend largely upon its completeness, accuracy, and your ability to correct any deficiencies.

For assistance on this application, call or write:

Rodney Low, 415-538-2219, email: [rodney.low@calbar.ca.gov](mailto:rodney.low@calbar.ca.gov)

Or

Michael Dayao, 415-538-2328, email: [michael.dayao@calbar.ca.gov](mailto:michael.dayao@calbar.ca.gov)

Lawyer Referral Services Certification Program  
The State Bar of California  
180 Howard Street  
San Francisco, Ca 94105-1639

# APPLICATION CHECKLIST

Name of Service: \_\_\_\_\_

Enclosed?

● Completed Application (form provided) \_\_\_\_\_

● Fee \_\_\_\_\_

● Exhibits:

Exhibit 1: Articles of Incorporation (certified by the Secretary of State) and Bylaws \_\_\_\_\_

Exhibit 2: Ownership (form provided) \_\_\_\_\_

Exhibit 3: Governing Committee (form provided) \_\_\_\_\_

Exhibit 4: Written agreement to be used between Service and member attorneys \_\_\_\_\_

Exhibit 5: Rules of operation of Service \_\_\_\_\_

Exhibit 6: Statement(s) of qualifications and requirements for membership on each subject matter panel \_\_\_\_\_

Exhibit 7: All publicity materials to be used to advertise Service, including print, audio, video and computer-distributed materials, with transcriptions and translations \_\_\_\_\_

Exhibit 8: All attorney solicitation/recruitment materials, including sales pitches, scripts, etc. \_\_\_\_\_

Exhibit 9: List of all member attorneys (form provided) \_\_\_\_\_

Exhibit 10: Copies of face sheet of every member attorneys' current errors & omissions insurance policy \_\_\_\_\_

## CERTIFICATION APPLICATION

Name of lawyer referral service ("Service"):

Number of offices to be maintained by Service:

Address(es) at which Service will operate:

Service will maintain its office(s) in:

Bar association office

Legal services office

Law firm

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

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

Other: \_\_\_\_\_

Telephone number for State Bar to contact Service:

Telephone number for clients to contact Service:

FAX number:

E-mail:

Contact person:

Name of owner of Service: **[Rule 10.4]**

Address:

Telephone Number:

FAX Number:

Will Service have a Website?

No     Yes: Home Page URL \_\_\_\_\_

Will owner/sponsor have a Website?

No     Yes: Home Page URL \_\_\_\_\_

Projected start-up date of Service:

County for which this application is being completed:

Counties to be served by the Service: \*

*\* A separate application for certification must be completed for each county to be served by the Service [Rule 8.2]; supplemental applications for additional counties are available from the Lawyer Referral Services Certification Program.*

Certification Application

1. Which of the following accurately describes the owner of the Service?  
[Rules 4.1 and 4.2]

Association

Individual

Corporation

Other (describe):

Partnership

2. Name of the owner or sponsoring entity:

3. Staff [Rule 4.3(a)]

a) Name of director:

b) Director's position is:  Full-time  Part-time  Other (describe)

c) Names of additional staff:

Name

Job Title

Full or Part-time

4. Describe the activities/programs to be implemented by the Service which comply with the purposes of a lawyer referral service listed in Rule 5.1.

5. If a caller reaches the Service, but the Service cannot provide a referral to a member attorney, what information and/or referral will the Service provide to the caller?  
[Rule 5.1(b), (c), (d), (e), (f)]

Certification Application

6. Ownership [Rule 10.4]

a) The Service will be owned and operated by a:

- Non-profit entity       For-profit entity

b) If owned by a non-profit entity, that entity is a:

- Bar association  
 Legal services program  
 Community organization: \_\_\_\_\_  
 Other: \_\_\_\_\_

c) Will the Service share common or cross ownership, interests, or operations with any entity which engages in referrals to licensed or unlicensed health care providers? [Section 6155(g)2]

- Yes       No

d) Will the Service provide direct or indirect consideration regarding referrals between an owner, operator, or member of the Service and any licensed or unlicensed health care provider? [Section 6155(g)3]

- Yes       No

7. How often will the Governing Committee meet? [Rule 10.2]

- Monthly       Quarterly       Other--state: \_\_\_\_\_

8. List every subject matter panel to be maintained by the Service. [Rule 12.2]

9. Provide the written qualification requirements established by the Service for membership on each subject matter panel as Exhibit 6. [Rule 12.3]



Certification Application

13. How will the Service provide the Rules and Regulations of the State Bar of California Pertaining to Lawyer Referral Services Including Minimum Standards for a Lawyer Referral Service in California, effective January 1, 1997, to each of its member attorneys? **[Rule 11.6]**
14. Describe all separate ongoing activities or arrangements the Service will make to serve persons of limited means: **[Rule 12.5, Section 6155(d)(5)]**
15. Will the Service provide: **[Rule 12.5, Section 6155(d)(5), see memo re: Rule 12.5]**
- a) Free legal services to indigents?  Yes  No **Describe:**
- b) Legal services at a reduced fee?  Yes  No **Describe:**

Certification Application

c) Free legal advice and clearinghouse referral services?  Yes  No  
**Describe:**

d) Cooperative efforts with existing pro bono programs?  Yes  No  
**Describe:**

e) Other?  Yes  No **Describe:**

16. What procedure will the Service utilize to match clients with attorneys?  
**[Rule 13.1]**

17. May a member attorney engage in more than one contract with the Service?  
**[Rule 11.1(c)]**

Yes  No

18. Does the Service promise attorneys that they will receive any minimum number of contacts, referrals, cases or clients? **[Rule 11.1(d)]**

Yes  No

19. Will the Service make referrals based on race, color, gender, age, religious creed, national origin, ancestry, sexual orientation, disability, medical condition, marital status, political affiliation or veteran status? **[Rule 13.2]**

Yes  No

Certification Application

20. Is any staff person who processes requests for legal assistance and/or makes referrals an employee of a member attorney that receives referrals from the Service? [Rule 13.4]

Yes  No

If yes, provide the name of each attorney, law firm, and/or the employed staff person(s):

21. Will the Service use an answering machine/service to receive calls? [Rule 13.5]

Yes  No

If yes, provide hours of answering machine/service use:

If yes, provide hours of staffed answering:

22. Describe the Service's publicity program. [Rule 14]

23. Does/will all advertising include: [Rule 14.2, Section 6157.4]

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The identity of the sponsor(s) of the Service     |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The fact that it is a lawyer referral service     |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The State Bar certification number of the Service |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The counties in which the Service operates        |

Certification Application

24. Will the Service maintain the following types of records? **[Rule 15.7(a), (b), (c)]**
- Yes  No Name, address and pertinent qualifications of each attorney member
  - Yes  No Number and types of matters referred to each attorney member
  - Yes  No Name, address and type of matter presented by each client referred, the name of the attorney member to whom the referral was made and the date the referral was made
  - Yes  No Total fee charged as reported by the attorney member
  - Yes  No Total fee the Service requires of its attorney members

25. Will the Service charge "referral" or "percentage" fees? **[Rule 17.1(a)]**

Yes  No

26. List all fees the Service will charge its attorney members (e.g., registration fees, subject matter panel fees, "referral" or consultation fees, "percentage" or forwarding fees, advertising fees, etc.), including how often each fee is charged: **[Rule 17.1(a)]**

27. If the total amount of fees charged to an attorney in any month may exceed \$1,000, please describe: **[Rule 17.1(b)]**

a) How the monthly fees encourage widespread attorney membership:

b) Why the monthly fees are reasonable:

Certification Application

28. How will the Service ensure that each attorney member is covered by a policy of errors and omissions insurance in an amount not less than \$100,000 (single occurrence) and \$300,000 (aggregate per year)? **[Rule 11.3]**
29. Describe how the Service will monitor the fees it charges to ensure that no client's cost of legal services is increased. **[Rule 17.1(b)]**
30. (Non-profit organizations only) Describe how the Service will ensure that income generated by the Service is used only to pay reasonable operating expenses of the Service and/or to fund programmatic public service activities, including the delivery of pro bono legal services. **[Rule 17.2]**

Certification Application

31. (Non-profit organizations only) Will the Service maintain its own financial records and accounts, separate from those of the Service's owner/sponsor?

Yes  No

The undersigned certify **under penalty of perjury** that the information in this Application is true and correct. (Note: Original signature page must be submitted.)

\_\_\_\_\_  
Signature Date  
(Owner\*)

\_\_\_\_\_  
Signature Date  
(Director/Administrator)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City Zip

\_\_\_\_\_  
City Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\* If bar association, member of Governing Committee (see Rule 10.4)





**EXHIBIT 9**  
Member Attorneys

Complete for each member attorney. (Copy this sheet as needed.)

<b>State Bar Membership Number, Name, Address and Telephone Number of Attorney</b>	<b>Name of Attorney's Law Firm</b>	<b>Identify Attorney's Subject Matter Panel Membership(s)</b>