



## Tennessee State Employees Association

627 Woodland Street, Nashville, TN 37206  
Office (615) 256-4533 ~ Fax (615) 691-7496

### Lawyer Referral and Information Service

#### INSTRUCTIONS:

Fill out this form completely, review Lawyer Referral and Information Service Plan and sign this agreement.

#### ATTORNEY INFORMATION:

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

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

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

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

Email: \_\_\_\_\_ BPR# \_\_\_\_\_

Are you a member of the Tennessee State Employees Association ("TSEA")? YES / NO

#### CONDITIONS:

**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 fact 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 and Workers Compensation), I will provide to the TSEA Service Administrator proof of compliance with the panel requirements.

E. I shall indemnify TSEA, its directors, 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 Tennessee State Employees Association Lawyer Referral and Information Service as it may be amended from time to time.



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- G. If it appears that the parties contemplate entering into a confidential settlement, I shall inform the TSEA Service Administrator as quickly as possible that the settlement will, or may, be confidential.

\_\_\_\_\_  
*Applicant's Signature and BPR No.*

\_\_\_\_\_  
*Date*



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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**

- Unemployment     Health Board     School Board
- Immigration     Other \*please specify \_\_\_\_\_

**ADR**     **Mediation**     **Arbitration**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business Dissolution       | <input type="checkbox"/> Child Custody & Parenting | <input type="checkbox"/> Commercial & Financial |
| <input type="checkbox"/> Contracts                  | <input type="checkbox"/> Divorce                   | <input type="checkbox"/> Employment             |
| <input type="checkbox"/> Environmental              | <input type="checkbox"/> Health Law and Elder Care | <input type="checkbox"/> Intellectual Property  |
| <input type="checkbox"/> Personal Injury            | <input type="checkbox"/> Probate & Estates         | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Real Estate & Construction | <input type="checkbox"/> Other (please specify)    |   |

**Appellate**

- PCR     Domestic     General     Civil

**Bankruptcy** (*Please complete attached "Subject Matter" requirements form.*)

- Consumer     Business     Creditor's Counsel

**Business Organizations**

**Civil Rights**

**Consumer Rights**

- RESPA     Fair Debt Collection     Lemon Law     Auto

**Contracts**

- Drafting     Litigation

**Collections**

- Creditor     Debtor

**Criminal Felony** (*Please complete attached "Subject Matter" requirements form.*)

**Criminal Misdemeanor**

- Juvenile     Traffic



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\_\_\_\_\_ **Domestic Relations**

Divorce: \_\_\_\_\_ Contested \_\_\_\_\_ Uncontested \_\_\_\_\_ Matter Involving DHS  
\_\_\_\_\_ Adoptions \_\_\_\_\_ Custody / Visitation \_\_\_\_\_ Child Support \_\_\_\_\_ Paternity

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

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

\_\_\_\_\_ Elder Law \_\_\_\_\_ Powers of Attorney  
\_\_\_\_\_ Minor Child Guardianship / Grandparents' Rights

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

\_\_\_\_\_ **Intellectual Property**

\_\_\_\_\_ Copyrights \_\_\_\_\_ Trademarks \_\_\_\_\_ Patents

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

\_\_\_\_\_ Non-Compete Agreements \_\_\_\_\_ Severance Package Negotiation \_\_\_\_\_ Pensions  
\_\_\_\_\_ ERISA / Employee Benefits \_\_\_\_\_ Title VII Discrimination / Harassment \_\_\_\_\_ Mediation  
\_\_\_\_\_ Whistleblower / OSHA \_\_\_\_\_ FLSA

\_\_\_\_\_ **Landlord / Tenant**

\_\_\_\_\_ Landlord \_\_\_\_\_ Tenant

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

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

\_\_\_\_\_ Medical Negligence \_\_\_\_\_ Dental Malpractice  
\_\_\_\_\_ Wrongful Death \_\_\_\_\_ Nursing home neglect / abuse

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

\_\_\_\_\_ VA Benefits \_\_\_\_\_ Litigation

\_\_\_\_\_ **Miscellaneous Tort**

\_\_\_\_\_ Property Damage \_\_\_\_\_ Libel / Slander \_\_\_\_\_ Product Liability \_\_\_\_\_ Slip / Fall

\_\_\_\_\_ **Personal Injury** (Please complete attached "Subject Matter" requirements form.)

\_\_\_\_\_ Motor Vehicle \_\_\_\_\_ Premises Liability \_\_\_\_\_ General Liability

\_\_\_\_\_ **Real Property**

\_\_\_\_\_ Construction Litigation \_\_\_\_\_ Real Estate Closings / Transfers \_\_\_\_\_ Metro Codes  
\_\_\_\_\_ Zoning \_\_\_\_\_ Boundary Disputes \_\_\_\_\_ Mortgage Foreclosures  
\_\_\_\_\_ Imminent Domain

\_\_\_\_\_ **Social Security Disability**

\_\_\_\_\_ Adult \_\_\_\_\_ Child



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\_\_\_\_\_ **Tax**  
\_\_\_\_\_ Consumer      \_\_\_\_\_ Business

\_\_\_\_\_ **Victim's Compensation**

\_\_\_\_\_ **Wills** (check all that apply)  
\_\_\_\_\_ Estate planning      \_\_\_\_\_ Probate      \_\_\_\_\_ Trusts

\_\_\_\_\_ **Workers' Compensation** (Please complete attached "Subject Matter" requirements form)  
\_\_\_\_\_ Federal      \_\_\_\_\_ Metro Insurance

**Fee Enclosed:** (check one)

	\$500.00 for one year membership
	\$250.00 annual renewal membership

The surcharges for these panels are as follows:

- \_\_\_\_\_ \$35 Domestic Relations
- \_\_\_\_\_ \$25 Workers' Compensation
- \_\_\_\_\_ \$25 Personal Injury
- \_\_\_\_\_ \$25 Criminal Felony
- \_\_\_\_\_ \$25 Criminal Misdemeanor

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

**Please check method of payment:**    Check  /    Cash  /    Debit ~ Credit 

**Credit Card Number:** \_\_\_\_\_ **Exp.** \_\_\_\_\_ **CVV** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_



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Please indicate any areas of law in which you are certified and the date of certification:

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Other states in which you are licensed to practice law:

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Please tell us how you heard about the Tennessee State Employees Association's Lawyer Referral and Information Service?

\_\_\_\_\_ Attorney Member

\_\_\_\_\_ Co-Worker Notice

\_\_\_\_\_ Brochure

\_\_\_\_\_ TSEA member

\_\_\_\_\_ TSEA Email Announcements

\_\_\_\_\_ Other

\_\_\_\_\_ Bar Association