



NEW HAVEN COUNTY BAR ASSOCIATION LAWYER REFERRAL SERVICE

CERTIFICATION AND AGREEMENT PERSONAL INJURY PANEL

I hereby certify that I have handled five (5) personal injury matters to resolution (i.e. settlement or verdict) during the past three years.

Court _____ Case Name _____ Case # _____ Year _____

Court _____ Case Name _____ Case # _____ Year _____

Court _____ Case Name _____ Case # _____ Year _____

Court _____ Case Name _____ Case # _____ Year _____

Court _____ Case Name _____ Case # _____ Year _____

AND

(Either A or B)

(A.) I hereby certify that I have tried to conclusion to the court and/or jury three trial matters of any type.

Court _____ Case Name _____ Case # _____ Year _____

Court _____ Case Name _____ Case # _____ Year _____

Court _____ Case Name _____ Case # _____ Year _____

Name: _____ Phone: _____
(please print or type)

Signature: _____ Date: _____

OR

(B.) I request waiver of the above requirement labeled "A", at the discretion of the sub-committee, and hereby certify, and provide proof, that I have completed a basic course of instruction in trial advocacy.

Name: _____ Phone: _____

Signature: _____ Date: _____

OVER:

AGREEMENT :

I hereby certify that I will attend or conduct no less than two (2) one hour sessions in each calendar year of continuing professional education in the area of Personal Injury.

Name: _____ Phone: _____

Signature: _____ Date: _____

AND

I understand and agree that of the fees I receive as a result of a matter referred to me through the Lawyer Referral Service Personal Injury Experience Panel, 15% of gross fees earned over \$200 will be remitted to the LRS within 30 days of receipt.

Name: _____ Phone: _____
(please print or type)

Signature: _____ Date: _____

Please enclose the \$100 panel fee with the completed application