



NEW HAVEN COUNTY BAR ASSOCIATION LAWYER REFERRAL SERVICE

CERTIFICATION AND AGREEMENT PROFESSIONAL MALPRACTICE PANEL

I hereby certify that I have handled five (5) personal injury or complicated construction or business matters (or combination thereof) 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 at least two (2) personal injury or complicated construction or business matters (or combination thereof) to verdict.

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 an advanced 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 Professional Malpractice or 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 Professional Malpractice 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 \$50 panel fee with the completed application