



**NEW HAVEN COUNTY BAR ASSOCIATION
LAWYER REFERRAL SERVICE**

**CERTIFICATION AND AGREEMENT
SOCIAL SECURITY DISABILITY PANEL**

This panel will be referred Social Security Disability cases, and SSI cases when the applicant is on city welfare. SSI cases in which the applicant is not on city welfare will be referred to panel members on a pro bono basis. Members of this panel will be expected to take one non-fee paying case for every three (3) fee-paying cases referred and accepted by them. Cases will be referred to a panel attorney after the applicant for Social Security or SSI Benefits has been initially denied benefits.

I hereby certify that I have handled two (2) Social Security Disability appeals during the past three years.

Court _____ Case Name _____ Case # _____ Year _____

Court _____ Case Name _____ Case # _____ Year _____

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

Signature: _____ Date: _____

OR

REQUEST FOR WAIVER:

I request waiver of above requirements, at the discretion of the social security disability sub-committee, and hereby provide proof of attendance at an accredited continuing legal education seminar for five hours of instruction in social security disability law.

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

Signature: _____ Date: _____

OVER:

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Social Security Experience Panel Certification and Agreement
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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 Social Security.

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

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 Social Security Disability 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 panel fee of \$50 with the completed application.