



NEW HAVEN COUNTY BAR ASSOCIATION LAWYER REFERRAL SERVICE

CERTIFICATION AND AGREEMENT ESTATE PLANNING, PROBATE & ELDER LAW PANEL

For ESTATE PLANNING & PROBATE LAW

I hereby certify that I have drafted the following during the past three years:

- _____ 5 Simple Wills
- _____ 3 Estates Administered To Conclusion (Forms S-1, S-2)
- _____ 5 Wills including trusts designed for estate tax minimization
- _____ Federal Estate Taxes (1 Form 706, 709 or 3 Form 1041)

For ELDER LAW

I hereby certify that I have handled the following during the past three years:

1. _____ 2 Conservator applications including Probate Hearings
2. _____ 3 Title XIX Applications and/or fair hearings
3. _____ 5 Advanced Directives including living wills, designation of health care agent, durable power of attorney, durable healthcare power of attorney, designator of conservator
4. I hereby certify that I am familiar with nursing home patient bill of rights, home care options, protective actions and remedies for vulnerable adults, Alzheimer's and knowledge of services available to seniors in the community.

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

Signature: _____ Date: _____

OR

OVER

REQUEST FOR WAIVER

I request waiver of the above requirements, at the discretion of the Lawyer Referral Service Committee, and hereby certify, and provide proof (please attach) that I have attended **accredited** seminars in Estate Planning, Probate and Elder Law of a minimum of 12 hours within the past three years.

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

Signature: _____ Date: _____

AND

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 Estate Planning, Probate & Elder Law.

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

Signature: _____ Date: _____

AGREEMENT:

I understand and agree that of the fees I receive as a result of a matter referred to me through the Lawyer Referral Service Estate Planning, Probate & Elder Law 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