



NEW HAVEN COUNTY BAR ASSOCIATION
LAWYER REFERRAL SERVICE

P.O. BOX 1441
 NEW HAVEN, CT 06506-1441

OFFICE (203) 562-9652 LRS REFERRALS (203) 562-5750 FAX (203) 624-8695

E-MAIL LRS@newhavenbar.org

2008-2009 EXPERIENCE PANELS

*Experience Panel referrals comprise approximately one-third of all LRS referrals...
 expand your LRS membership to include one or more of these panels!*

In addition to the many Standard Panel case type listings, LRS offers members the opportunity to participate in nine LRS "Experience Panels". If your practice includes work in any of the areas listed below, LRS strongly urges you to consider membership on that panel.

Please note that participation in an Experience Panel requires submission of an additional application and panel fee. To learn more about any of the Experience Panels, place an (X) in the box beside the panel listing and fax or mail this form back to the LRS office. You will then receive the application materials. Payment of panel fees should be made when the completed application is returned to the LRS office. Experience Panel applications can also be downloaded from the Bar's website, at www.newhavenbar.org.

***LRS now offers a money-back guarantee for Experience Panels.
 If you do not receive at least one referral in the Experience Panel(s) for which you
 registered within one year of joining that panel,
 LRS will refund 100% of your panel fee.***

If you have questions regarding the Experience Panels or any other aspect of the LRS program, please feel free to contact the LRS office. Your interest in the Lawyer Referral Service is greatly appreciated.

Panel	Application Requested	Listing Fee
Bankruptcy	<input type="checkbox"/>	\$150.00
Environmental	<input type="checkbox"/>	\$ 00.00
Estate Planning, Probate & Elder Law	<input type="checkbox"/>	\$ 100.00
Medical/Dental Malpractice	<input type="checkbox"/>	\$150.00
Personal Injury	<input type="checkbox"/>	\$100.00
Professional Malpractice	<input type="checkbox"/>	\$150.00
Social Security	<input type="checkbox"/>	\$ 50.00
Workers' Compensation	<input type="checkbox"/>	\$ 50.00

Attorney: _____
Firm: _____
Telephone: _____ **E-mail:** _____

Please print information above and return completed form to the LRS office. Thank you.