



**AMERICAN BAR ASSOCIATION**  
**321 N. Clark**  
**CHICAGO, ILLINOIS 60654**

## **APPLICATION FOR AUTHORIZATION TO USE AMERICAN BAR LRIS LOGO AND SLOGAN**

INSTRUCTIONS: The following are instructions to facilitate the completion of this application.

- Answer all the questions on the application completely.
- Complete the application checklist provided with the application.
- All documents submitted with the application must be legible originals, with each page marked clearly.
- All application forms must be accompanied by a check or money order in the amount of **\$100** made payable to "**The American Bar Association.**" The application fee is not refundable
- Approximately four to six weeks will be needed to process and review the application.
- Organizations completing the initial application must submit their by-laws, rules of operation, and tax status papers with the application.
- Copies of the **AMERICAN BAR ASSOCIATION'S LRIS MODEL RULES AND SUMMARY GOVERNING LAWYER REFERRAL AND INFORMATION SERVICES** (LRIS Model Rules) are enclosed. Applicants are advised to review these carefully before beginning the application process.
- Only those lawyer referral services in operation for two or more years will be considered for authorization to use the American Bar Association LRIS Logo and Slogan. Exemptions from this Rule will be considered upon application.
- All references in the application refer to these LRIS Model Rules.
- Your application will be reviewed for completeness, accuracy and compliance with LRIS Model Rules.
- Incomplete applications will be returned. Complete applications will be reviewed for approval or denial. The status of approval or denial will be communicated in written form to the LRIS program.
- **Applicants are responsible for showing compliance with the LRIS Model Rules to the satisfaction of the AMERICAN BAR ASSOCIATION.**

For assistance, call or write: Briana Billingslea  
[Briana.Billingslea@americanbar.org](mailto:Briana.Billingslea@americanbar.org)  
Phone: 312-988-5298

Email completed application to [Briana.Billingslea@americanbar.org](mailto:Briana.Billingslea@americanbar.org).

# APPLICATION FOR AUTHORIZATION TO USE AMERICAN BAR LRIS LOGO AND SLOGAN

## CHECKLIST

Please check your completed application against this checklist to ensure you submit a complete application.

### ENCLOSURES REQUIRED OF ALL APPLICANTS:

- Completed application with original signature.
- Application fee (check or money order in the amount of \$100) made payable to "THE AMERICAN BAR ASSOCIATION" and returned with the invoice.
- (Articles of Incorporation and By-laws) Attachment 1
- (Ownership Interest) Attachment 2
- (Statement of Qualification Requirement for Membership on Each Experience Panel Maintained by the Service) These are Panels that have objective and verifiable criteria for participation. Attachment 3
- (Fee Schedule) Attachment 4
- (Copy of Application for a Lawyer to participate in the service) Attachment 5
- (Copy of Client Survey) Attachment 6
- (Copy of LRIS Program Rules) Attachment 7
- (Copy of All Referral Areas of Law) Attachment 8
- (Copy of All Materials used to Recruit Attorney Members) Attachment 9

**APPLICANTS ARE RESPONSIBLE FOR SHOWING FULL COMPLIANCE WITH ALL OF THE MINIMUM STANDARDS OF THE LRIS MODEL RULES TO THE SATISFACTION OF THE AMERICAN BAR ASSOCIATION PURSUANT TO THE ABA GUIDELINES FOR APPROVAL OF LAWYER REFERRAL ORGANIZATIONS.**

**If the initial application is denied only one appeal can be re-submitted without an additional application fee.**

# LRIS LOGO AND SLOGAN

## GENERAL INFORMATION

1. Name of lawyer referral service:	
2. Street Address:	
3. City, State, Zip:	
4. Telephone Number:	
5. Fax Number:	
6. Website address for Lawyer Referral Service	
7. Indicate any DBA names used for marketing of the lawyer referral service	

8. Name of sponsoring organization:	
9. Address:	
10. Telephone Number:	
11. Fax Number:	

12. Name of operator/owner:	
13. Address:	
14. Telephone Number:	
15. Fax Number:	
16. Contact person, if different from operator/owner:	
17. Contact email address:	
18. Contact person, if different from operator/owner:	
19. Geographical area(s) served:	

## OWNERSHIP OF A LAWYER REFERRAL SERVICE

20. This service is owned and operated by a:	<input type="checkbox"/> Not For-Profit entity <input type="checkbox"/> For-Profit entity
21. Name of Entity:	
22. If owned and operated by a Not For-Profit entity check the description of the entity:	<input type="checkbox"/> Bar association <input type="checkbox"/> Legal services program <input type="checkbox"/> Community organization (describe) _____ <input type="checkbox"/> Other (describe) _____
23. If owned and operated by a For-Profit entity check the description of the entity:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Other (describe) _____

**If owned and operated by a Not For-Profit entity**, attach the Articles of Incorporation and By-laws (Attachment 1):

**If the service is owned and operated by a For-Profit entity**, provide the following for all individuals and all organizations with ownership interest, regardless of how that interest is held. Use separate sheet (Attachment 2) to provide this information.

- a. Name of ownership entity
- b. Address and telephone number
- c. List all active and inactive bar licensures
- d. List all active bar and bar association memberships
- e. Whether he/she receives referrals from the LRIS
- f. The percentage of referrals he/she receives from the LRIS
- g. The percentage of ownership interest he/she has in the LRIS

### DEFINITION OF A LAWYER REFERRAL SERVICE

#### Staff Description

24. Name of Director:	
25. Director's Position is:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other (describe) _____
26. Number of FTE Support Staff:	

27. Give Job Title(s) and indicate if the position(s) is Full-time or Part-time:		
Job Title1		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title2		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title3		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Job Title4		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

### DEFINITION OF A LAWYER REFERRAL SERVICE (RULEII)

28. Indicate how your LRIS advertises its availability to the public. Check all that apply.	<input type="checkbox"/> Website presence <input type="checkbox"/> Courthouse presence (posters, brochures) <input type="checkbox"/> Notices on official court papers <input type="checkbox"/> Client Brochures in multiple locations (libraries, other legal services providers, courthouse) <input type="checkbox"/> Paid Google Ads <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Legal Services Providers networks <input type="checkbox"/> Ad/Letters targeted to get referrals from lawyers <input type="checkbox"/> Other (Please be specific) _____
---	---

<b>Describe the efforts of your LRIS to operate in the public interest generally and to assist those clients who might not be able to be matched to an LRIS attorney due to their limited financial circumstances (Rule II)</b>	
29. Detail efforts to coordinate with other legal services providers (include, for example, specific references to meetings with individual groups, ongoing coordinating entities, and materials to expedite referral to an appropriate service provider)	
30. Detail efforts that are conducted directly in connection with your LRIS to provide service to persons of limited means and/or generally for the benefit of the public (include, for example, specific references to in-person community education programs, courthouse assistance desks, substantive law information pamphlets distributed at community sites, clinics, etc.)	
31. Detail other cooperative efforts with existing pro bono programs	
32. Detail any other efforts not described above to operate in the public interest.	

33. How can visitors to your program make contact with your LRIS program (check all that apply)?	<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Contact form <input type="checkbox"/> Click-to-call <input type="checkbox"/> Live chat <input type="checkbox"/> Other _____
34. Does a LRIS person interact with the individual before the referral is made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Please describe the most commonly used process your LRIS uses for making referrals.	
36. Does your LRIS website allow visitors to get automated referrals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. If yes, please explain the process.	

**AUTHORITY TO ESTABLISH AND OPERATE A SERVICE (RULE V)**

38. What entity has direct oversight responsibility for your LRIS?	
39. What responsibilities does that entity have?	
40. How many times has the direct oversight committee met in the last year?	

## SAMPLE OF CLIENT SATISFACTION (RULE VII)

41. Attach the rules governing and/or describe in detail the procedures developed to evaluate client satisfaction with the service (Attachment 7): (e.g. the percentage of clients that are surveyed, how often the clients are surveyed, how often the cumulative survey results are reviewed?)	
--	--

## ELIGIBILITY AND APPROVAL OF PANEL ATTORNEYS (RULE V)

42. Is panel membership open to all licensed attorneys in the geographic area served by the service? Attach a copy of all materials used to recruit attorney members.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
43. Detail how your LRIS verifies that panel members are covered by errors and omissions insurance or provide proof of financial responsibility?	
44. Provide as an attachment and/or describe the procedures established by your LRIS to admit, reject, terminate or suspend an attorney from panel membership (if describing the procedures refer to the specific Section of your LRIS rules governing these matters):	
45. Explain how your LRIS panel members are provided with your LRIS rules.	

## ORGANIZATION OF PANELS (RULE V)

The LRIS Model Rules (Rule X Commentary) notes that “consideration should also be given to the panel member’s experience with particular kinds of cases,” and to “requiring a certain amount of recent actual experience.” The Logo and Slogan approval process highly favors a model for subject matter panels based on the following formula: a certain number of matters completed in a certain recent period of time to a certain objective standard. All LRIS programs applying for initial authorization after September 1, 2016 will be required to meet this standard for its subject matter panels and use objective and verifiable criteria for participation on those subject matter panels. The only alternate criteria that is acceptable is certification as a specialist by a regulatory authority or court. Additional criteria may also be applied as the LRIS program deems appropriate.

46. Has your LRIS established subject matter panel(s) that have objective and verifiable criteria for participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:	
47. List the subject matter panels maintained by your LRIS and attach a statement of subject matter panel qualification requirements for these panels (Attachment 3):	
48. How often does your LRIS ask the panel members to provide objective and verifiable criteria for subject matter panels which have such standards for participation?	

## OPERATING FEES (RULE V)

List the following **(if applicable)**:

49. Annual, semi-annual, etc. membership or participation fee paid by attorneys to participate in the LRIS.	
50. Fees charged for attorneys to participate on individual panels.	
51. Forwarding fee or percentage fee (amount or percentage amount to be returned to the LRIS):	
52. Referral fee (consultation fee) charged to clients.	
53. Indicate who keeps the referral fee	<input type="checkbox"/> LRIS keeps the fee <input type="checkbox"/> Lawyer keeps the fee <input type="checkbox"/> Other, please describe <hr style="width: 80%; margin-left: 0;"/>
54. Other fees: Give amount and describe.	
55. Describe how your LRIS assures that fees charged to clients and panel members do not conflict with statutory or other legal provisions or increase the cost of legal services to the client (refer to the specific section of your LRIS rules).	

The undersigned certifies under penalty of perjury and authorization decertification that all information provided on this application and in all attachments and exhibits are true and correct; does not contain any false or misleading statements; does not omit any statements that are material to any information requested.

The service is a:	<input type="checkbox"/> For-Profit service <input type="checkbox"/> Not For-Profit service
Signature of the LRIS owner/operator or director/administrator:	
Date:	
Printed name of individual above:	
Title:	

Send completed application to [Briana.Billingslea@americanbar.org](mailto:Briana.Billingslea@americanbar.org).