



MEXICAN AMERICAN BAR ASSOCIATION

LAWYER REFERRAL AND INFORMATION SERVICE

APPLICATION AND AGREEMENT

There is a \$25 non-refundable processing fee for this membership application.

First	M.I.	Last
<input type="checkbox"/> New Member: <i>I have never been a PM</i> <input type="checkbox"/> Reapplying: <i>I have been a PM in the past</i>		<input type="checkbox"/> This is my primary office <input type="checkbox"/> This is my branch office
Firm or Company Name		
Address		City
		State
		Zip
Office No.		Fax No.
Client Toll-Free No.		E-Mail
Cell Phone No. <i>(Optional)</i>		Home Phone No. <i>(Optional)</i>
Firm Size		
<input type="checkbox"/> Solo Practitioner <input type="checkbox"/> 2-5 Attorneys <input type="checkbox"/> 6-10 Attorneys <input type="checkbox"/> 11-20 Attorneys <input type="checkbox"/> 20+ Attorneys		
Date of California Bar Admission		State Bar No.
Certified Specialties		Certified By
Other States in which Admitted		Date of Admission
_____		_____
_____		_____
_____		_____
Admitted to Practice before other Tribunals and Jurisdictions <i>(Federal Courts, Administrative Agencies, etc.)</i>		Date of Admission
_____		_____
_____		_____
_____		_____

634 South Spring Street, Suite 902 · Los Angeles, CA 90014
 For inquires or concerns, please contact LRIS Coordinator, Jazmin Vazquez
 Phone: (213) 327-0620 · Fax: (213) 327-0623
 mabalris@gmail.com · www.mabalris.org

MABA LRIS Application & Agreement

Please use additional sheets if necessary

Undergraduate School Degree Received Year Received

Law School Attended Date of Graduation

List any Teaching Experience

List Membership in other Referral Services

_____	_____
_____	_____
_____	_____

List any law review articles or other pertinent publications that you have written, and any pertinent lectures you have given in the past five years.

Provide any information that would assist in referring cases to you. *(For Example; unique area of practice or expertise. State the approximate percentage of your practice areas)*

If you have designated an attorney to handle your cases should you become incapacitated or are away from your office for an extended period of time, please provide that attorney's name and following information.

Attorney Name CA State Bar No.

Phone E-mail

Insurance Carrier

If I am not available when the LRIS or the referred client calls; the following person is authorized to set appointment for me

Name Position

Phone E-mail

The LRIS cannot delay making appointments. If no one is available to set the appointment or the LRIS does not receive a response within three (3) business hours; the caller will be referred to another panel attorney. Business hours are M-F, 8:30 a.m.–5:00 p.m.

634 South Spring Street, Suite 902 · Los Angeles, CA 90014
For inquires or concerns, please contact LRIS Coordinator, Jazmin Vazquez
Phone: (213) 327-0620 · Fax: (213) 327-0623
mabalris@gmail.com · www.mabalris.org

MABA LRIS Application & Agreement

Please use additional sheets if necessary

Please Check all that Apply

- My office is handicapped accessible
- I will make jail visits
- I will make home visits
- I will accept evening appointments
- I will accept weekend appointments

I have the following on site *(or will make available)*

TTY/TDD

Sign Language

List the language(s) in which you are proficient *(indicate whether you can speak fluently, understand, read, and/or write)*

My staff is able to communicate with clients in the following language(s) *(indicate whether they can speak fluently, understand, read, and/or write)*

Office location directions that may be given to caller

Parking instructions that may be given to caller

The Mexican American Bar Association and Lawyer Referral & Information Service fiscal year begins January 1st.

Payment due within 30 days from receipt of Notice of Admission Letter. DUES ARE NOT PRORATED.

Please check all fees/dues that you are submitting with this application:

- Non-Refundable Application Processing Fee - \$25 *(due at the time of application submission)*
- LRIS DUES / One(1) Panel Included (MABA Member) - \$100
- LRIS DUES / One(1) Panel Included (Non-MABA Member) - \$200
- Additional Panel (per additional panel) - \$50

TOTAL ENCLOSED OR TO BE CHARGED: \$

Make check payable to: MABA LRIS

Please charge my

Visa

MasterCard

American Express

Card No.

Exp. Date

Card Address

Same as my office listed above

Other:

Signature

Please include the following items with your application:

- Non-Refundable Application Processing Fee - \$25
- Proof of Insurance *(Declaration page)*
- Signed Panel Application & Qualification Standards Page(s) *(for each panel to which you are applying)*

**Mail Complete Application to MABA LRIS at the address below.
Membership Dues are due 30 days after Notice of Admission.**

634 South Spring Street, Suite 902 · Los Angeles, CA 90014
For inquires or concerns, please contact LRIS Coordinator, Jazmin Vazquez
Phone: (213) 327-0620 · Fax: (213) 327-0623
mabalris@gmail.com · www.mabalris.org

MABA LRIS Application & Agreement

Please Initial all that apply

Initial

1) I certify that I am an active member in good standing of the State Bar of California and I regularly practice law. I have an office, workplace or location for such practice in the County of Los Angeles.	
2) I certify that I am qualified to handle matters in the subject matter panels and subpanels I have selected, and, if I am referred a matter for which I do not have sufficient expertise, I will immediately call the LRIS and refer the matter back to the LRIS.	
3) I consent that information about me in this application or otherwise known to LRIS will be shared with the California State Bar to verify membership eligibility and I understand that the California State Bar may contact me as part of their eligibility determination process.	
4) I certify that I have read and agree to all the attestations listed in Appendix A of the MABA-LRIS Standards & Rules.	

BY SIGNING THIS AGREEMENT I INDICATE THAT I UNDERSTAND AND ABIDE BY THE LRIS STANDARDS AND RULES. I UNDERSTAND THAT THE STANDARDS AND RULES ARE SUBJECT TO CHANGE DURING THE MEMBERSHIP YEAR.

Executed at _____, California, on _____ 20____.

By signing below, I agree to hold harmless the LRIS, the LRIS Committee, the Mexican American Bar Association and all of its officers, directors, members, employees, and volunteers from material misrepresentations or omissions concerning the above and understand that failure to provide LRIS with true and complete information may result in my immediate exclusion from the LRIS. I hereby declare under penalty of perjury that the foregoing information provided to the LRIS, including any supplementary information, is true and correct to the best of my knowledge.

Signature _____ Date _____

For Office Use Only

Received on	/ /	Processing Fee	<input type="checkbox"/> CC <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Other
<input type="checkbox"/> Accepted on:	/ /	<input type="checkbox"/> Denied on:	/ /
Panel/ Panel Priority #		Membership Fee(s)	
<input type="checkbox"/> Bankruptcy Law/PPN _____ <input type="checkbox"/> Business Law/PPN _____ <input type="checkbox"/> Criminal Law/PPN _____ <input type="checkbox"/> Family Law/PPN _____ <input type="checkbox"/> Immigration Law/PPN _____ <input type="checkbox"/> Torts/P.I./PPN _____ <input type="checkbox"/> Labor & Employment/PPN _____		<input type="checkbox"/> CC _____ <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Other _____	

Revision Date 1/8/2015

634 South Spring Street, Suite 902 · Los Angeles, CA 90014
 For inquires or concerns, please contact LRIS Coordinator, Jazmin Vazquez
 Phone: (213) 327-0620 · Fax: (213) 327-0623
 mabalris@gmail.com · www.mabalris.org