

**INSTRUCTIONS FOR COMPLETING AND FILING THE LAWYER REFERRAL  
AND INFORMATION SERVICES REGISTRATION FORM**

1. Please **type or print** all information included on the form.
2. Please answer all questions completely. If the space provided on the form is not sufficient to respond to a particular question, please attach a separate page with your response and note the attachment on the form.
3. If you have Internet access, the form can be downloaded from the Supreme Court of Ohio's Web page. The address of the Supreme Court's Web page is [www.supremecourt.ohio.gov/AttySvc/LawyerReferral/](http://www.supremecourt.ohio.gov/AttySvc/LawyerReferral/).
4. If you have questions regarding completion of the Registration Form, please contact the Office of Attorney Services at the address or telephone number noted below.

Each Lawyer Referral and Information Service is required to register with the Supreme Court of Ohio Office of Attorney Services no later than **ninety days prior to beginning operations**. The Office of Attorney Services will review your Registration Form to determine if your operations comply with all rules governing Lawyer Referral and Information Service providers and will inform your service in writing whether your service complies with all requirements. The determination of your service's level of compliance will be based on whether your service has demonstrated that it fulfills all requirements of the Gov. Bar R. XVI and the Ohio Rules of Professional Conduct. Please return the completed Registration Form **by mail** (no fax transmissions, please) to the following address:

Susan B. Christoff, Director  
Office of Attorney Services  
Supreme Court of Ohio  
65 S. Front Street, 5th Floor  
Columbus, Ohio 43215-3431  
(614) 387-9327

# SUPREME COURT OF OHIO

## LAWYER REFERRAL AND INFORMATION SERVICES [Gov. Bar R. XVI]

### Provider Registration Form

#### 1. General Information

a. Name of Lawyer Referral Service: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

b. Name of Sponsoring Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

c. Name of Operator/Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check all that apply:

Not-for-profit       For profit       Bar Association       Legal Services Program

Corporation    Partnership       Sole Proprietorship

Other \_\_\_\_\_

d. Geographical Area Served: \_\_\_\_\_

\_\_\_\_\_

e. Does your service carry "errors and omissions" insurance coverage?       Yes    No

If yes, name the provider: \_\_\_\_\_

What are the policy limits? \_\_\_\_\_ What is the deductible? \_\_\_\_\_

**2. Staff Information**

a. Name of Director: \_\_\_\_\_  
 Full-time    Part-time    Other \_\_\_\_\_

b. Number of support staff: \_\_\_\_\_

c. Please provide support staff job titles and whether full or part-time.

Job Title: \_\_\_\_\_  Full-time    Part-time

**3. Definition of a Lawyer Referral Service (Gov. Bar R. XVI)**

Describe the manner in which your referral service satisfies the requirements of Gov. Bar R. XVI. Please attach any relevant brochures, or other materials.

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**4. Client Satisfaction**

Describe any surveys, evaluations, or other procedures used to measure client satisfaction with your referral service. (Attach any applicable materials).

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**5. Panel Attorneys**

- a. Is participation in your referral service open to all Ohio licensed attorneys who maintain an office in the geographical area served by the service?  Yes  No

If no, describe or provide the criteria used to determine eligibility.

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- b. Does your referral service require each panel attorney to provide proof of malpractice insurance and any changes in or cancellation of malpractice insurance coverage in the form of a copy of the current policy declaration page?  Yes  No

If no, what is the manner in which coverage is verified?

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What is the minimum coverage required \_\_\_\_\_?

- c. Does your referral service require panel attorneys to sign a written contract with the service before they are eligible to participate?  Yes  No

If yes, please attach a blank copy of the current contract used.

- d. Describe or attach procedures established by your referral service to admit, reject, or suspend an attorney from panel membership.

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e. How does your referral service address fee disputes between panel attorneys and clients?

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**6. Subject-Matter Panels.**

Has your referral service established subject-matter panels?  Yes  No

If yes, please attach a list of subject-matter panels and objective criteria used to determine eligibility on each panel.

**7. Fee Structure.**

a. Is there an attorney membership fee?  Yes  No

If yes, what is the amount of the fee? \$ \_\_\_\_\_

This fee is  One-time fee.  Annual fee.

b. What is the referral or consultation fee charged to the client? \$ \_\_\_\_\_

c. What is the percentage of the fee returned to the service? \_\_\_\_\_% of fee in excess of  
\$ \_\_\_\_\_.

d. What is the subject-matter panel fee? \$ \_\_\_\_\_

e. Are any other fees charged?  Yes  No

If yes, please list the amount of and explain each fee. \_\_\_\_\_

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**8. Statistical Information.**

Total number of attorneys participating in your referral service \_\_\_\_\_

**9. Advertising.**

a. How does your referral service advertise its availability? Check all that apply.

- Television             Radio             Public Service Announcements     Internet
- Brochures             Yellow Pages             Direct Mail
- Other \_\_\_\_\_

b. Does your referral service have a Web site?             Yes     No

If yes, does your referral service take referrals via the Internet?             Yes     No

**10. Please provide the names and addresses of any other Ohio lawyer referral service(s) operating in your geographical area if you are aware of any other that exist.**

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**11. Please attach to your report form a list containing the names, addresses, telephone numbers, and Ohio Supreme Court attorney registration number of all attorneys currently participating in your service.**

**12. This form was prepared by:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_