

**CLERMONT COUNTY BAR ASSOCIATION
MEMBERSHIP APPLICATION
2020**

The annual membership dues (1/1/2020 to 12/31/2020) of the Clermont County Bar Association and/or Lawyers' Referral Service are now due and payable. Please complete this form and return with your check made payable to the Clermont County Bar Association. These forms must be postmarked before December 31, 2019 for this information to be included in the 2020 Legal Directory. If you have any questions or comments, please contact Carol or Debbie at 732-2050.

*** PLEASE HIGHLIGHT ANY CHANGES FROM LAST YEAR'S DIRECTORY*
BE SURE TO LIKE US ON FACEBOOK!**

Name: _____

Ohio Reg. # _____ Date of Birth: _____

Phone: _____ Fax: _____

Email: _____ Year Admitted to the Bar : _____

Firm: _____

Address: _____

Print Directory ? Yes _____ (you will be responsible for pick up)

Signature: _____

_____ ***FREE*** Membership if registered with the Supreme Court of Ohio as
Retired or Inactive or First-year of Practice (please circle one)
plus LRS please include \$25.00

_____ \$ 125.00 - Membership **ONLY** or

_____ \$ 150.00 - Membership plus Lawyers' Referral Service
Completed Application & copy of liability insurance enclosed.

_____ Please find enclosed a donation in the amount of \$ _____ for the
Clermont County Scholarship Fund (separate check **please!**)

**Return to: Clermont County Bar Association, c/o Law Library
270 E. Main Street, Batavia, Ohio 45103**

Clermont County Bar Association Lawyers' Referral Service

1. Name _____ Telephone _____
2. Office address _____
3. Professional malpractice policy number: _____ eff. date _____
Carrier: _____ **(attach copy of declaration)**
4. Licensed in the following jurisdictions: _____ Ohio _____ Kentucky _____ Federal Bar
5. *I am willing to offer flexible fee schedules* _____ yes _____ no
I am willing to offer an initial consultation at \$20.00 for 1/2 hr. _____ yes _____ no
I am willing to accept appointment to criminal cases (excludes prosecutors & public defenders) or juvenile cases. _____ yes _____ no
I will work on a contingency basis _____ yes _____ no.
My office accepts credit card payments _____ yes _____ no.
I am willing to serve as guardian ad litem. _____ yes _____ no
6. I am willing to travel to the following counties : _____

7. I AM COMPETENT TO PRACTICE IN THE FOLLOWING FIELDS:

- | | |
|---|---|
| <input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Car Accidents
<input type="checkbox"/> Chapter 13
<input type="checkbox"/> Civil Rights
<input type="checkbox"/> Civil Service
<input type="checkbox"/> Class Actions
<input type="checkbox"/> Collection & Municipal Court
<input type="checkbox"/> Consumer Credit
<input type="checkbox"/> Consumer Law
<input type="checkbox"/> Contracts
<input type="checkbox"/> Corporate
<input type="checkbox"/> Criminal (felony, DUI, or misdemeanor)
<input type="checkbox"/> Disability
<input type="checkbox"/> Discrimination
<input type="checkbox"/> Domestic (visitation, support & contempt)
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> EEOC
<input type="checkbox"/> Elder Law
<input type="checkbox"/> Employment Law
<input type="checkbox"/> Environmental Law
<input type="checkbox"/> Foreclosure
<input type="checkbox"/> HIPPA Law
<input type="checkbox"/> Insurance
<input type="checkbox"/> Juvenile Court
<input type="checkbox"/> Labor
<input type="checkbox"/> Landlord/Tenant
<input type="checkbox"/> Libel/Slander
<input type="checkbox"/> Medical Malpractice
<input type="checkbox"/> Negligence - Tort
<input type="checkbox"/> Neighbor Law
<input type="checkbox"/> Patent/Trademark/Copyright
<input type="checkbox"/> Paternity | <input type="checkbox"/> Personal Property
<input type="checkbox"/> Probate I – (adoption, name change, guardianship)
<input type="checkbox"/> Probate II –(trusts, wills, estates)
<input type="checkbox"/> Real Estate
<input type="checkbox"/> School Law
<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Social Security
<input type="checkbox"/> Taxation
<input type="checkbox"/> Traffic
<input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Veterans
<input type="checkbox"/> Victims of Crime
<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Zoning |
|---|---|
- Other (Please Specify)*
- _____
- _____
- _____
- _____
- Signature***
- _____
- _____