

CLERMONT COUNTY BAR ASSOCIATION
MEMBERSHIP APPLICATION
2021

The annual membership dues (1/1/2021 to 12/31/2021) 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, 2020 for this information to be included in the 2021 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:

___ Bankruptcy

___ Car Accidents

___ Chapter 13

___ Civil Rights

___ Civil Service

___ Class Actions

___ Collection & Municipal Court

___ Consumer Credit

___ Consumer Law

___ Contracts

___ Corporate

___ Criminal (felony, DUI, or misdemeanor)

___ Disability

___ Discrimination

___ Domestic (visitation, support & contempt)

___ Domestic Violence

___ EEOC

___ Elder Law

___ Employment Law

___ Environmental Law

___ Foreclosure

___ HIPPA Law

___ Insurance

___ Juvenile Court

___ Labor

___ Landlord/Tenant

___ Libel/Slander

___ Medical Malpractice

___ Negligence - Tort

___ Neighbor Law

___ Patent/Trademark/Copyright

___ Paternity

___ Personal Property

___ Probate I – (adoption, name change, guardianship)

___ Probate II –(trusts, wills, estates)

___ Real Estate

___ School Law

___ Sexual Harassment

___ Social Security

___ Taxation

___ Traffic

___ Unemployment Compensation

___ Veterans

___ Victims of Crime

___ Workers' Compensation

___ Zoning

Other (*Please Specify*)
