

**CLERMONT COUNTY BAR ASSOCIATION**  
**MEMBERSHIP APPLICATION**  
**2024**

*The annual membership dues (1/1/2024 to 12/31/2024) 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, 2023 for this information to be included in the 2024 Legal Directory. If you have any questions or comments, please contact Kim or Debbie at 732-2050.*

**\* PLEASE HIGHLIGHT ANY CHANGES FROM LAST YEAR'S DIRECTORY\***

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

Ohio Reg. # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Year Admitted to the Bar : \_\_\_\_\_

Firm: \_\_\_\_\_

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

**Print Directory?** Yes \_\_\_\_\_ (you are 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  
[ccba@clermontcountybarassn.org](mailto:ccba@clermontcountybarassn.org)

# Clermont County Bar Association Lawyers' Referral Service 2024

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.  
*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 and WILLING TO PRACTICE IN THE FOLLOWING FIELDS:**

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