

BAR FOUNDATION OF HARFORD COUNTY, MARYLAND, INC.
Promoting Equal Access to Justice

17 West Courtland Street, Suite 130, Bel Air, Maryland 21014
(410) 836-0123 (410) 836-0328 (FAX)

Dear Prospective Member:

At Harford County Bar Foundation (HCBF), our mission is to provide educational and referral services to residents of Harford and Cecil counties who are in need of legal assistance.

Approximately 65% of the calls we receive each day are from individuals simply seeking the name and number of an attorney to assist with various legal matters. Once we establish the area of need, we refer these clients to attorneys on our referral list.

As of January 1, 2017, HCBF will be updating our list of attorneys who are members of our Lawyer Referral Service (LRS). The referral service provided by our organization not only benefits our clients, but also our local attorneys. Our referral service is well advertised on our website and through other local service agencies. Membership cost is \$100 per calendar year.

Application forms are available on our website at www.harfordcountybarfoundation.org. Funds received through this program will assist us in closing the gap between grant operating funding and actual operating costs.

To become a member and add your name to our referral list for the 2017 calendar year, please provide the following:

1. \$100 check made payable to Harford County Bar Foundation
2. Completed registration forms
3. Malpractice Insurance Certification and Indemnification Agreement
4. A copy of the Declaration Sheet from your legal malpractice carrier

We look forward to working together with our members to support the legal needs of our Harford and Cecil County citizens.

Sincerely,
Jennifer Vido, Executive Director
HARFORD COUNTY BAR FOUNDATION

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Date: _____

Years Practicing Law in MD _____

Years Practicing Law in another State _____

Attorney Name: _____

Firm: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email address: _____

Firm's website: _____

Please circle the program or programs in which you would like to participate:

Judicare

Pro Bono

Reduced Fee

Criminal Reduced Fee

Please circle the location in which you will assist clients:

Harford County

Cecil County

Has the Attorney Grievance Commission or similar agency in another state ever taken disciplinary action against you? _____ If so, which agency? _____

.....

Please check off the areas of law in which you practice. Feel free to circle, cross out, or add specific information next to each area of law.

____ Administrative Law Hearings
(County, State, Federal)
Specify: _____

____ Agriculture

____ Automobile Accidents (personal
injury, property damage, insurance)

____ Banking (Financial
Institution/Consumer)

____ Bankruptcy/Collections

____ Business

____ Consumer Protection
(Product liability, misrepresentation)

____ Construction
Specify: _____

____ Contracts
Specify: _____

____ Criminal (Adult/Juvenile)

____ Education
____ Elder (Medicare, Protection of Assets,
Nursing Home)
Specify: _____

____ Employment (Employer/Employee)
____ Unemployment claims
____ Wrongful Termination
____ Employment Contracts
____ Worker's Comp

____ Environmental

____ Estate and Trusts (planning, probate,
wills, power of attorney)

____ Family (divorce, custody, child support,
adoption, guardianship, name change)

____ Federal Gov. Act Compliance
(ADA, EEO, Fair Housing, FLSA, OSHA)
Specify: _____

____ Foreclosure

____ Housing
____ Landlord/Tenant
____ Subsidized/Section 8
____ Homeowner's Associations
____ Construction

____ Identity Theft

____ Insurance Coverage/Regulation
(Insurer, The Insured)
Specify: _____

____ Intellectual Property (patents,
copyrights, trademarks)

____ International

____ Litigation/Appellate
____ State
____ Federal

____ Malpractice
Specify: _____

____ Mediation

____ Military/Veterans Benefits

_____ Municipal Laws, Regs., Ordinances

_____ Taxation (Individual/Business)

_____ Personal Injury/Torts

_____ Other _____

Specify: _____

_____ Property

_____ Real(Residential/Commercial)
(deeds, zoning, closing)

_____ Personal

_____ Social Security (SSI, SSDI)

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**MALPRACTICE INSURANCE CERTIFICATION AND
INDEMNIFICATION AGREEMENT**

I HEREBY CERTIFY that I maintain professional liability insurance in the minimum amount of \$100,000/\$300,000 and agree to keep a policy in force during the entire time I am a member of the Harford County Bar Foundation's Lawyer Referral Service and will notify Harford County Bar Foundation of any changes in policy number, date of expiration, or coverage.

I HEREBY AGREE to indemnify and save harmless the Harford County Bar Foundation for and against any and all liability arising from my serving as a member of the Lawyer Referral Service and/or my representation of any lawyer referral clients.

Name of Carrier _____ Policy Effective Date _____

Policy Number _____ Coverage Amount _____

Attorney Signature _____ Date Signed _____

**NOTE: YOU MUST ATTACH A COPY OF THE COVER PAGE(S) OF YOUR
POLICY INDICATING AMOUNT OF COVERAGE AND TERMINATION DATE OF
POLICY**