

## Promoting Equal Access to Justice

Dear Prospective Member:

Harford County Bar Foundation's 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 them with various legal matters. Once we establish the area of need, we refer these clients to attorneys on our referral list.

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](http://www.harfordcountybarfoundation.org) on the "About" page.** 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 upcoming 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 clients.

Sincerely,

Jennifer Vido, Executive Director  
HARFORD COUNTY BAR FOUNDATION

**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)

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**