



Promoting Equal Access to Justice

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

Dear Friend of HCBF:

At Harford County Bar Foundation, our mission is to provide educational and referral services to residents of Harford and Cecil Counties who are in need of legal assistance. Many of the calls we receive each day are from individuals simply seeking the name and number of an attorney to hire to assist with various legal matters. Once we establish the area of need, we refer these clients to attorneys on our referral list. **These individuals are NOT seeking pro bono services.**

Whether you're a current member or looking to join, the referral service provided by our organization not only benefits our clients, but also our local attorneys. This service is well advertised on our website and through other local service agencies. Membership cost is \$125 per calendar year. Funds received through this program will assist us in closing the gap between grant operating funding and actual operating costs.

If you are **renewing** your referral list membership, please provide a \$125 check for the yearly renewal cost made payable to "Harford County Bar Foundation."

To become a **new member** and add your name to our referral list, please provide the following (documents enclosed):

1. \$125 check made payable to "Harford County Bar Foundation"
2. Completed registration forms
3. Malpractice Insurance Certification and Indemnification
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

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

____ Personal Injury/Torts
Specify: _____

____ Property
 ____ Real(Residential/Commercial)
 (deeds, zoning, closing)
 ____ Personal

____ Social Security (SSI, SSDI)

____ Taxation (Individual/Business)

____ Other _____



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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**