

HERITAGE LEGAL PROTECTION, INC.

ATTORNEY APPLICATION

Firm Name: _____

Primary Contact Attorney Name: _____ 2nd Contact _____

Mississippi Bar Association License Number: _____

Law school of contact attorney _____ Graduation Date _____

Telephone: (____) - _____ Fax: (____) - _____

Alternate or Second Phone: (____) - _____ Visible to Clients? Y N

E-mail: _____ @ _____ Visible to Clients? Y N

Website: www. _____

Office Address: Street: _____ City: _____ State: _____

Zip Code: _____ - _____ County: _____

Mailing Address if Different: Street: _____ City: _____ State: _____

Zip Code: _____ - _____

AREAS OF LAW YOU WILL ACCEPT REFERRALS IN:

ALL GENERAL PRACTICE AREAS	YES	<input type="checkbox"/>	
FAMILY (Adoption, Divorce, Post Decree, Guardianships, Domestic Partner)	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
FINANCIAL (Bankruptcy, Debt Collection Defense)	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
REAL ESTATE (Purchase/sale, Landlord-Tenant defense, Title Disputes)	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
LITIGATION (Civil Litigation, Consumer, Admin Hearings, Personal Injury)	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
CRIMINAL (Misdemeanors, Felonies, Juvenile)	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
TRAFFIC (DUI, Driving privileges, Traffic Tickets)	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
WILLS & PROBATE (Wills, POAs, Living Wills, Living Trusts, Probate)	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
ADDITIONAL AREAS - Estate Planning, <input type="checkbox"/> Elder Law, <input type="checkbox"/> Special Needs Trusts, <input type="checkbox"/> Immigration, <input type="checkbox"/> Tax Audits, <input type="checkbox"/> Property Tax Assessments <input type="checkbox"/> Other Specific Areas of practice _____			

Number of attorneys in firm: _____ Average years' experience: _____ Number of Support Staff _____

Foreign languages spoken? _____

Appointments available? Evenings _____ Saturdays _____ Additional State Licenses _____

Additional Offices? Yes No Attach letterhead or a separate list.

Payments should be reported under this Tax ID: _____ belonging to: Individual Firm

Type of Firm: Corp Indiv LLC Corp. LLC Disregarded LLC Partnership Partnership Other

EEO Information:

	# of Male Attorneys	# of Female Attorneys
African American	_____	_____
American Indian or Alaskan Native	_____	_____
Asian or Pacific Islander	_____	_____
Caucasian	_____	_____
Hispanic	_____	_____
Other _____	_____	_____

Have you or any member of the firm received from any Bar or Court a reprimand, censure, suspension or other discipline, or any claims against your malpractice insurance? Yes No If yes, please attach an explanation.

Were you previously a panel member? Yes No

Please list all other legal plans you accept clients from: _____

PLEASE ATTACH A COPY OF YOUR MALPRACTICE INSURANCE DECLARATION PAGE SHOWING CURRENT COVERAGE.

Signature of responsible attorney: _____ Date: _____