

**INSTRUCTIONS FOR COMPLETING AND FILING THE  
LAWYER REFERRAL AND INFORMATION SERVICE  
REGISTRATION/ANNUAL REPORT FORM**

1. Please refer to Gov. Bar R. XVI Sections 1 and 2 for the mandatory requirements of a Lawyer Referral and Information Service.
2. Please answer all questions completely. **In cases where a question requires an attachment to address it, please clearly label and identify what part of the attachment addresses the question.**
3. If the space provided on the form is not sufficient to respond to a particular question, please attach a separate page with your response and note the attachment on the form.
4. If you have questions regarding completion of the Registration/Annual Report Form, please contact the Office of Attorney Services at the address or telephone number noted below.

Each Lawyer Referral and Information Service is required to complete an Annual Report Form for the preceding calendar year. Completed Annual Report Forms must be received by the Supreme Court of Ohio Office of Attorney Services no later than **the first day of March**. Please return the completed Annual Report Form **by mail** (no fax transmissions, please) to the following address:

Office of Attorney Services  
Supreme Court of Ohio  
65 South Front Street, 5<sup>th</sup> Floor  
Columbus, Ohio 43215-3431  
(614) 387-9327  
attyreg@sc.ohio.gov

# SUPREME COURT OF OHIO

## LAWYER REFERRAL AND INFORMATION SERVICES

### Provider Registration/Annual Report Form

#### 1. General Information

a. Name of Lawyer Referral Service: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

b. Name of Sponsoring Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

c. Name of Operator/Owner: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Check all that apply:

Not-for-profit       For-profit       Bar Association       Legal Services Program

Corporation       Partnership       Sole Proprietorship

Other \_\_\_\_\_

d. Geographical Area Served: \_\_\_\_\_

e. Does your service carry "errors and omissions" insurance coverage?       Yes       No

If yes, name the provider: \_\_\_\_\_

What are the policy limits? \_\_\_\_\_ What is the deductible? \_\_\_\_\_

#### 2. Staff Information

a. Name of Director: \_\_\_\_\_

Full-time       Part-time       Other \_\_\_\_\_

b. Number of support staff: \_\_\_\_\_

**3. Public Interest Requirement (Gov. Bar R. XVI, Sec. 1(A)(1))**

Describe the manner in which your referral service “operate[s] in the public interest...” Attach any relevant materials in support of your answer.

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**4. Mandatory Client Satisfaction Mechanism (Gov. Bar R. XVI, Sec. 1(A)(5))**

Describe the mechanism(s) used to measure client satisfaction with your referral service. Attach any applicable materials.

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**5. Mandatory Service Rules, Requirements, and Procedures (Gov. Bar R. XVI, Sec. 1(A))**

- a. Is participation in your referral service open to all Ohio licensed attorneys who maintain an office in the geographical area served by the service?  Yes  No
- b. Does your referral service require each attorney to provide proof of malpractice insurance and any changes in or cancellation of malpractice insurance coverage in the form of a copy of the current policy declaration page?  Yes  No

If no, what is the manner in which coverage is verified?

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What is the minimum coverage required \_\_\_\_\_?

- c. Does your referral service require attorneys to sign a written contract with the service before they are eligible to participate?  Yes  No

If yes, please attach a blank copy of the current contract used.

- d. Describe or attach procedures established by your referral service to admit, reject, or suspend an attorney from panel membership.

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e. How does your referral service address fee disputes between panel attorneys and clients?

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**6. Mandatory Subject-Matter Panels (Gov. Bar R. XVI, Sec. 1(A)(7))**

Please attach a list of subject-matter panels and objective criteria used to determine eligibility on each panel.

**7. Fee Structure**

a. Is there an attorney membership fee?  Yes  No

If yes, what is the amount of the fee? \$ \_\_\_\_\_

This fee is:  One-time.  Annual.

b. What is the referral or consultation fee charged to the client? \$ \_\_\_\_\_

c. What is the percentage of the fee returned to the service? \_\_\_\_\_% of fee in excess of \$ \_\_\_\_\_.

d. What is the subject-matter panel fee? \$ \_\_\_\_\_

e. Are any other fees charged?  Yes  No

If yes, please list the amount of and explain each fee. \_\_\_\_\_  
\_\_\_\_\_

**8. Attach to this form a list containing the names, contact info, and Ohio Supreme Court attorney registration number for all attorneys currently participating in your service.**

**9. Statistical Information.**

a. Total number of attorneys participating in your referral service: \_\_\_\_\_.

**10. This form was prepared by:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

\_\_\_\_\_ Email: \_\_\_\_\_