



Gay & Lesbian Advocates & Defenders
LAWYER REFERRAL SERVICE
Application

Date _____

ATTORNEY INFORMATION

Name _____ Work Phone _____

Firm Name _____ Work Fax _____

Address _____ TTD/TTY Phone _____

_____ Email _____

Size of Firm (approx. number of attorneys) _____

Bar admissions [year(s) admitted & jurisdictions(s)] _____

Malpractice insurance carrier _____ Expiration Date _____

I do not have malpractice insurance, but I have posted a bond in the amount of _____

I have attached a copy of the declaration page from my policy or certificate of insurance.

ACCESSIBILITY

Languages other than English that you speak, write, or read fluently _____

Languages for which you or your firm provide interpreters at no cost to the client _____

I am conversant in American Sign Language (ASL) [] Yes [] No

I do not know ASL, but am willing to provide an ASL interpreter at no cost to the client [] Yes [] No

My firm is wheelchair accessible. [] Yes [] No

My firm is not wheelchair accessible, but I am willing to make arrangements to meet with clients in an accessible space if necessary. [] Yes [] No

I am experienced and knowledgeable about the legal issues of transgendered people. [] Yes [] No

REFERRALS SOUGHT

I am licensed to practice in and want to receive referrals in the following states:

- [] Connecticut
[] Maine
[] Greater Boston
[] Outside Greater Boston
[] New Hampshire
[] Rhode Island
[] Vermont

I wish to join GLAD's Lawyer Referral Service and accept regular fee referrals from GLAD.

I am willing to accept up to _____ pro bono referrals per year.

In general, I am:

- [] willing to consider contingent fee representation
[] not willing to represent clients on a contingent fee basis.
[] willing to consider contingent fee cases only in these practice areas, or under the following circumstances: _____

I would consider helping GLAD as a Cooperating Attorney on an impact case GLAD litigates.

