



GLBTQ Legal Advocates & Defenders
LAWYER REFERRAL SERVICE
Application Form

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 transgender 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.

OVER ->

## AREAS OF PRACTICE

The table to the right lists various areas of practice. Please check each area in which you have expertise and/or in which you are willing to receive referrals. **If you do every sub-area within a particular area, just put a single checkmark beside the bold area title.**

Is there other experience or information that you would like to share with us?

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### AND LASTLY...

- I want referrals for the practice areas I checked and certify that I am competent, qualified, and have substantive experience in these areas.

*I declare that, to the best of my knowledge and belief, the information provided in this application is true, correct and accurate.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### PLEASE SEND ALL MATERIALS TO:

Daniel Weiss  
Public Information Manager  
GLBTQ Legal Advocates & Defenders  
30 Winter Street, Suite 800  
Boston, MA 02108  
617-426-1350  
[dweiss@glad.org](mailto:dweiss@glad.org)

	General	Pro bono		General	Pro bono
<b>BANKRUPTCY</b>	<input type="checkbox"/>	<input type="checkbox"/>		Partner Dissolutions	<input type="checkbox"/>
Individual	<input type="checkbox"/>	<input type="checkbox"/>		Custody/Visitation	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>		Child Support	<input type="checkbox"/>
				Mediation	<input type="checkbox"/>
				Domestic Violence	<input type="checkbox"/>
<b>BUSINESS</b>	<input type="checkbox"/>	<input type="checkbox"/>		<b>HOUSING</b>	<input type="checkbox"/>
Small Business	<input type="checkbox"/>	<input type="checkbox"/>		Sexual Orientation Discrimination	<input type="checkbox"/>
Business Formation	<input type="checkbox"/>	<input type="checkbox"/>		Sex Discrimination	<input type="checkbox"/>
Non-Profit	<input type="checkbox"/>	<input type="checkbox"/>		Disability Discrimination	<input type="checkbox"/>
Business Litigation	<input type="checkbox"/>	<input type="checkbox"/>		Gender Identity Discrimination	<input type="checkbox"/>
International	<input type="checkbox"/>	<input type="checkbox"/>		Race/National Origin Discrimination	<input type="checkbox"/>
				Religion Discrimination	<input type="checkbox"/>
<b>CIVIL RIGHTS &amp; LIBERTIES</b>	<input type="checkbox"/>	<input type="checkbox"/>		Landlord/Tenant	<input type="checkbox"/>
First Amendment	<input type="checkbox"/>	<input type="checkbox"/>		Public Housing	<input type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>		<b>IMMIGRATION</b>	<input type="checkbox"/>
Mental Health Law	<input type="checkbox"/>	<input type="checkbox"/>		<b>INSURANCE</b>	<input type="checkbox"/>
Police Brutality	<input type="checkbox"/>	<input type="checkbox"/>		<b>PRISONERS' RIGHTS</b>	<input type="checkbox"/>
Constitutional Litigation	<input type="checkbox"/>	<input type="checkbox"/>		<b>PRIVACY &amp; CONFIDENTIALITY</b>	<input type="checkbox"/>
Gay Rights	<input type="checkbox"/>	<input type="checkbox"/>		<b>PROBATE</b>	<input type="checkbox"/>
Disability Rights	<input type="checkbox"/>	<input type="checkbox"/>		Name Changes	<input type="checkbox"/>
Transgender Rights	<input type="checkbox"/>	<input type="checkbox"/>		Wills/Estate Planning	<input type="checkbox"/>
				Guardianship/Standby Guardianship	<input type="checkbox"/>
<b>COLLECTIONS</b>	<input type="checkbox"/>	<input type="checkbox"/>		Litigation	<input type="checkbox"/>
Post-decree Process	<input type="checkbox"/>	<input type="checkbox"/>		<b>PUBLIC ACCOMMODATIONS</b>	<input type="checkbox"/>
				Sexual Orientation Discrimination	<input type="checkbox"/>
<b>CONSUMER</b>	<input type="checkbox"/>	<input type="checkbox"/>		Sex Discrimination	<input type="checkbox"/>
<b>CRIMINAL</b>	<input type="checkbox"/>	<input type="checkbox"/>		Disability Discrimination	<input type="checkbox"/>
General Defense	<input type="checkbox"/>	<input type="checkbox"/>		Gender Identity Discrimination	<input type="checkbox"/>
Sex Offenses	<input type="checkbox"/>	<input type="checkbox"/>		Race/National Origin Discrimination	<input type="checkbox"/>
Trials	<input type="checkbox"/>	<input type="checkbox"/>		Religion Discrimination	<input type="checkbox"/>
Appeals	<input type="checkbox"/>	<input type="checkbox"/>		<b>REAL ESTATE</b>	<input type="checkbox"/>
DUI	<input type="checkbox"/>	<input type="checkbox"/>		Residential	<input type="checkbox"/>
Hate Crimes/Harassment	<input type="checkbox"/>	<input type="checkbox"/>		Commercial	<input type="checkbox"/>
				Zoning	<input type="checkbox"/>
<b>DISABILITY &amp; BENEFITS</b>	<input type="checkbox"/>	<input type="checkbox"/>		<b>TAXATION</b>	<input type="checkbox"/>
Disability Pensions	<input type="checkbox"/>	<input type="checkbox"/>		Personal	<input type="checkbox"/>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>		Corporate	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>		<b>TORT: CIVIL SUIT</b>	<input type="checkbox"/>
Veteran's Administration	<input type="checkbox"/>	<input type="checkbox"/>		Defamation	<input type="checkbox"/>
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>		Invasion of Privacy	<input type="checkbox"/>
Other Public Benefits	<input type="checkbox"/>	<input type="checkbox"/>		Personal Injury	<input type="checkbox"/>
				Medical Malpractice	<input type="checkbox"/>
<b>EDUCATION &amp; STUDENT RTS.</b>	<input type="checkbox"/>	<input type="checkbox"/>		Legal Malpractice	<input type="checkbox"/>
<b>EMPLOYMENT</b>	<input type="checkbox"/>	<input type="checkbox"/>		Therapist Abuse	<input type="checkbox"/>
Sexual Orientation Discrimination	<input type="checkbox"/>	<input type="checkbox"/>		Incest/Sex Abuse	<input type="checkbox"/>
Sex Discrimination/Sexual Harassment	<input type="checkbox"/>	<input type="checkbox"/>		Product Liability	<input type="checkbox"/>
Disability Discrimination	<input type="checkbox"/>	<input type="checkbox"/>		Wrongful Death	<input type="checkbox"/>
Gender Identity Discrimination	<input type="checkbox"/>	<input type="checkbox"/>		Tort Defense	<input type="checkbox"/>
Race/National Origin Discrimination	<input type="checkbox"/>	<input type="checkbox"/>		<b>OTHER</b>	<input type="checkbox"/>
Religion Discrimination	<input type="checkbox"/>	<input type="checkbox"/>		_____ <input type="checkbox"/>	<input type="checkbox"/>
Age Discrimination	<input type="checkbox"/>	<input type="checkbox"/>			
Federal Employees	<input type="checkbox"/>	<input type="checkbox"/>			
Termination Rights	<input type="checkbox"/>	<input type="checkbox"/>			
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>			
Labor	<input type="checkbox"/>	<input type="checkbox"/>			
<b>FAMILY LAW</b>	<input type="checkbox"/>	<input type="checkbox"/>			
Adoption/2 <sup>nd</sup> Parent Adoption	<input type="checkbox"/>	<input type="checkbox"/>			
Partnership Agreements	<input type="checkbox"/>	<input type="checkbox"/>			
Parenting/Donor Agreements	<input type="checkbox"/>	<input type="checkbox"/>			
Foster Care/DSS Issues	<input type="checkbox"/>	<input type="checkbox"/>			
Divorce	<input type="checkbox"/>	<input type="checkbox"/>			